

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90036 011 ***150.00

0345509 AV

DOCUMENT # J72525**1. Entity Name**
RICHARD J. HAYS, P.A.**Principal Place of Business**
7200 W COMMERCIAL BLVD
STE - 207
LAUDERHILL FL 33319
US**Mailing Address**
7200 W COMMERCIAL BLVD
STE - 207
LAUDERHILL FL 33319
US**2. Principal Place of Business**
4273 North Pine Island Road
Suite, Apt. #, etc.**3. Mailing Address**
4273 North Pine Island Road
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sunrise, Florida 33351**City & State**
Sunrise, Florida 33351**4. FEI Number** **59-2804047****Applied For**
Not Applicable**Zip**
33351**Country**
USA**Zip**
33351**Country**
USA**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****HAYS, RICHARD J.**
7200 W COMMERCIAL BLVD
STE - 207
LAUDERHILL FL 33319**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)**
4273 North Pine Island Road**City**
Sunrise**FL****Zip Code**
33351**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.****SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HAYS, RICHARD J.
7200 W COMMERCIAL BLVD / STE - 207
LAUDERHILL FL ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
HAYS, BETTE JO
7200 W COMMERCIAL BLVD / STE - 207
LAUDERHILL FL ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
4273 North Pine Island Road
Sunrise, Florida 33351**TITLE** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
4273 North Pine Island Road
Sunrise, Florida 33351**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (9/01)