2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

J72525 DOCUMENT # 03 JAN 28 AM 9: 19 1. Entity Name RICHARD J. HAYS, P.A. SECRETARY OF STATE TALLAHASSOF FLORIDA Mailing Address 4273 NORTH PINE ISLAND ROAD Principal Place of Business 4273 NORTH PINE ISLAND ROAD PORT LANDERDALE FL 33351 SUNRISE FORT-LAUDERDALE FL 33351 US SUNRISE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2804047 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required -- 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAYS, RICHARD J. o -Street Address (P.O. Box Number is Not Acceptable) 4273 NORTH PINE ISLAND ROAD FORT LAUDERDALE FL 33351 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ଷ୍ଟ TITLE ☐ Change ☐ Addition Delete TITLE HAYS, RICHARD J. NAME NAME 900011140419 4273 NORTH PINE ISLAND ROAD STREET ADDRESS STREET ADDRESS 01/28/03--01074--016 **150.00 FORT LAUDERDALE FL 33351 CITY-ST-ZIP CITY-ST-ZIP DS1 DILE ☐ Delete TITLE Change -- Addition HAYS, BETTE JO NAME NAME 4273 NORTH PINE ISLAND ROAD STREET ADDRES STREET ADDRESS FORT LAUDERDALE FL 33351 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Channe ☐ Addition - 🔲 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Defete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered:

FILED

1/8/07

748.7902



FLORIDA DEPARTMENT OF STATE Ken Detzner

Secretary of State

January 15, 2003

RICHARD J. HAYS, P.A. 4273 NORTH PINE ISLAND ROAD SUNRISE, FL 33351 US

Subject: RICHARD J. HAYS, P.A.

Reference Number:

J72525

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/MF ANNUAL REPORTS SECTION