

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90163 050 ***150.00

00013051



DO NOT WRITE IN THIS SPACE

DOCUMENT # J74541

1. Entity Name
DAVID HAYES ENTERPRISES, INC.

Principal Place of Business 3235 NW 64TH ST BOCA RATON FL 33496 US	Mailing Address 7504 NILES ROAD SUITE 101 CORAL SPRINGS FL 33067 US
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 4553 Luke Street Suite, Apt. #, etc.
--	--

City & State West Palm Beach	City & State West Palm Beach
Zip 33415	Country USA

4. FEI Number 59-2820417	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
COLGAN, JAMES F.
7411 ANNAPOLIS LANE
PARKLAND FL 33067

7. Name and Address of New Registered Agent
Name Colgan, James F
Street Address (P.O. Box Number is Not Acceptable) 5267 NW 102nd Avenue
City Coral Springs **FL** **Zip Code** 33076

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 James F. Colgan **DATE** 1/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS		
TITLE	NAME	☐ Delete
STREET ADDRESS	3235 NW 64TH STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	NAME	☐ Delete
STREET ADDRESS	PSTD EASTWICK, KATHLEEN A	
CITY-ST-ZIP	3235 NW 64TH STREET	
TITLE	NAME	☐ Delete
STREET ADDRESS	VD COLGAN, JAMES F	
CITY-ST-ZIP	7411 ANNAPOLIS LN	
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☒ Change ☐ Addition
STREET ADDRESS	5267 NW 102nd Avenue	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
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: David A. Hayes **DATE:** 1/20/00 **DAYTIME PHONE #:** 561-702-3483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.F. 034 (9/99)