

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90347 042 ***150.00

DOCUMENT #

574541

1. Entity Name

DAVID HAYES ENTERISES, INC.

Principal Place of Business

Mailing Address

3235 N.W. 64th St.
 Boca Raton, FL 33496
 U.S.

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

James Colgan
 7411 Annapolis Lane
 Portland, FL 33067

Name

Kathy Eastwick

Street Address (P.O. Box Number is Not Acceptable)

3235 N.W. 64th St.

City

Boca Raton

FL

Zip Code

33496

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

Kathy Eastwick

4/29/01

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

(NOTE: Registered Agent signature required when re-appointing)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME VPD HAYES DAVID A.
 STREET ADDRESS 3235 N.W. 64th St.
 CITY-STATE-ZIP Boca Raton, FL 33496

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME PST D
 STREET ADDRESS Kathy Eastwick, Kathleen A.
 CITY-STATE-ZIP 3235 N.W. 64th St.
 Boca Raton, FL 33496

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME VPD Colgan James F.
 STREET ADDRESS 7411 Annapolis Ln.
 CITY-STATE-ZIP Portland, FL 33067

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-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 Hayes V.P. 4/29/01

CR2034 (11/00)