

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94003

1. Entity Name
HAGEY HOUSE, INC.

(R)

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90012 004 ***158.75

Principal Place of Business
9920 59TH STREET NORTH
PINELLAS PARK FL 34666

Mailing Address
9920 59TH STREET NORTH
PINELLAS PARK FL 34666

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0212448

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TICE, JAMES E.
16220 SW 280 STREET
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME HAGEY, LUCILLE
STREET ADDRESS 9920 59 ST N
CITY-ST-ZIP PINELLAS PARK FL ☐ Delete

TITLE D
NAME TICE, JAMES E.
STREET ADDRESS 16220 SW 280 STREET
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

TITLE SD
NAME SCHANTZ, EDWARD T
STREET ADDRESS 622 PERIMETER DR
CITY-ST-ZIP DOWNINGTOWN PA 19335 ☐ Delete

TITLE TD
NAME PINTO, MAUREEN
STREET ADDRESS 15136 DILBECK DR
CITY-ST-ZIP SPRING HILL FL 34610 ☐ 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Maureen Pinto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/00 (72) 522-3225
Date License Phone #

CR2E034 (5/00)

Attachment
BH L94003
DW7876

HAGEY HOUSE, INC.
3935 43rd Avenue, North
St. Petersburg, Florida 33714
(727) 522-3275
FAX (727) 544-2026

August 8, 2000

Annual Report Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Sean

Dear Sir,

As per our telephone conversation today, I have enclosed a check for \$158.75 for our annual filing fee. Unfortunately, we never received our first notice for payment, I apologize for any confusion and I appreciate your cooperation in this matter.

Thank you,



Maureen Pinto
Assistant Administrator