

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000004072****1. Entity Name**
HAYNES-SHIPMAN FAMILY, INC.**Principal Place of Business**
3962 NW 167TH ST.
MIAMI FL 33054
Mailing Address
P. O. BOX 172706
HIALEAH FL 33017**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.**City & State**
City & State
Zip
Country
4. FEI Number
65-1020629
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JUNIE V. HORNE, P.A.
3962 NW 167TH ST.
MIAMI FL 33054
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** 04/29/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW: FEE IS \$61.25**
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	SD		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOOD SHIRLEY			NAME			
STREET ADDRESS	P. O. BOX 503			STREET ADDRESS			
CITY-ST-ZIP	BUFFALO NY 14209			CITY-ST-ZIP			
TITLE	TD		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PURSLEY OVIT			NAME			
STREET ADDRESS	2228-B LITTLE VALLEY RD.			STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL 35216			CITY-ST-ZIP			
TITLE	SD		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PURSLEY PATRICIA			NAME			
STREET ADDRESS	1119 VIKING DR.			STREET ADDRESS			
CITY-ST-ZIP	KNOXVILLE TN 37932			CITY-ST-ZIP			
TITLE	VD		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WASHINGTON LINDA L			NAME			
STREET ADDRESS	6283 NW 201ST TERR.			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33015			CITY-ST-ZIP			
TITLE	PD		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOOD RONALD			NAME			
STREET ADDRESS	P. O. BOX 503			STREET ADDRESS			
CITY-ST-ZIP	BUFFALO NY 14209			CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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.**SIGNATURE: RONALD WOOD PD 04/29/2001**

CR2E037 (11/00)