

2002 UNIFORM BUSINESS REPORT (UBR)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1020629

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

JUNIE V. HORNE, P.A.
3962 NW 167TH ST.
MIAMI FL 33054

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☐ Delete
NAME WOOD, RONALD
STREET ADDRESS P. O. BOX 503
CITY-ST-ZIP BUFFALO NY 14209

TITLE ☒ Change ☒ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 298 Dodge St.
CITY-ST-ZIP Buffalo, NY 14208

TITLE VD ☐ Delete
NAME WASHINGTON, LINDA L
STREET ADDRESS 6283 NW 201ST TERR.
CITY-ST-ZIP HIALEAH FL 33015

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

TITLE SD ☐ Delete
NAME PURSLEY, PATRICIA
STREET ADDRESS 1119 VIKING DR.
CITY-ST-ZIP KNOXVILLE TN 37932

TITLE SD ☒ Change ☐ Addition
NAME Betty K. Howell
STREET ADDRESS 1403 Cloverdale Dr.
CITY-ST-ZIP Savannah, GA 31405

TITLE TD ☐ Delete
NAME PURSLEY, OVI
STREET ADDRESS 2228-B LITTLE VALLEY RD.
CITY-ST-ZIP BIRMINGHAM AL 35216

TITLE TD ☒ Change ☐ Addition
NAME Constance Dardy
STREET ADDRESS 20880 NW 18 St.
CITY-ST-ZIP Pembroke Pines, FL 33029

TITLE SD ☐ Delete
NAME WOOD, SHIRLEY
STREET ADDRESS P. O. BOX 503
CITY-ST-ZIP BUFFALO NY 14209

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90320 031 ****61.25

001020



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)