

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2001 8:00 am
Secretary of State

07-16-2001 90002 025 ***550.00

DOCUMENT # P00000028966

1. Entity Name

HAYES WORLD DEVELOPMENT CORPORATION

Principal Place of Business

**377 S.W. LOG DRIVE
 PORT ST. LUCIE FL 34953**

Mailing Address

**377 S.W. LOG DRIVE
 PORT ST. LUCIE FL 34953**

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

65-0996428

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

**HAYES, DOUGLAS A
 377 S.W. LOG DRIVE
 PORT ST. LUCIE FL 34953**

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 \$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 PD
 NAME HAYES, DOUGLAS A
 STREET ADDRESS 377 S.W. LOG DRIVE
 CITY-ST-ZIP PORT ST. LUCIE FL 34953 ☐ Delete

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

TITLE V
 NAME HAYES, DARRELL E
 STREET ADDRESS 1010 S.W. JERICO AVENUE
 CITY-ST-ZIP PORT ST. LUCIE FL 34953 ☐ Delete

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

TITLE ~~X~~
 NAME CLAWSON, MARK T
 STREET ADDRESS 2241 S.W. CREE ROAD
 CITY-ST-ZIP PORT ST. LUCIE FL 34953 ☐ Delete

TITLE ~~X~~ Change ☐ Addition
 NAME *Treasurer*
 STREET ADDRESS *Clawson, Mark T.*
 CITY-ST-ZIP *2241 S.W. Cree Road*
Port St. Lucie, FL 34953

TITLE S
 NAME JASPER, JOAN M
 STREET ADDRESS 215 S.W. LAMA AVENUE
 CITY-ST-ZIP PORT ST. LUCIE FL 34953 ☐ Delete

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

TITLE T
 NAME NARCUS, ANDREW R
 STREET ADDRESS 14281 KEY LINE BVD.
 CITY-ST-ZIP LOXAHATCHEE FL 33470 ☒ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9 July 2001 (561) 336-9253

CR2E034 (10/00)