

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90721 018 ***150.00

DOCUMENT # P00000040324

1. Entity Name

HAYNES & ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

90119333

2. Principal Place of Business

5804 Braden River Road

Suite, Apt. #, etc.

3. Mailing Address

5804 Braden River Road

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number

65-1002726

Applied For

Not Applicable

Zip

34203

Country

Zip

34203

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Marci H. Haynes

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

5804 Braden River Road

City

Bradenton

FL

34203

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

Marci H. Haynes

STREET ADDRESS

5804 Braden River Road

CITY - ST - ZIP

Bradenton, FL 34203

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

Jeffrey W. Haynes

STREET ADDRESS

5804 Braden River Road

CITY - ST - ZIP

Bradenton, FL 34203

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey W. Haynes

4-11-03

Date

Daytime Phone #

CR2E034B (12/02)