

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90357 032 ***150.00

0555060

DOCUMENT # P00000048443

1. Entity Name

DALE HAYES STONE CREATIONS, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 570~~ **6330 Pine Hill Rd.**
~~NEW PORT RICHEY FL 34656-0570~~ **Ste. 4**

P.O. BOX 570
 NEW PORT RICHEY FL 34656-0570

Port Richey, FL 34668

519520



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6330 Pine Hill Rd.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Richey, FL

4. FEI Number

59-3650246

Applied For

Not Applicable

Zip

Country

Zip

Country

34668

Pasco

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, DALE

6330 PINEHILL ROAD, # 7346 Burns Point Cir.
PORT RICHEY FL 34668
New Port Richey, FL

34652

Note: Mail goes to PO Box 570

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 ☐ Delete
 NAME **D HAYES, DALE**
 STREET ADDRESS **P.O. BOX 570**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34656-0570**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

3/23/01

Date

(727) 815-9588

Daytime Phone #

CR2E034 (10/00)