

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90158 041 ***150.00

DOCUMENT # P01000006687

1. Entity Name
HAYNES LANDSCAPING, INC.

Principal Place of Business

8716 SE ALABAMA PLACE
HOBE SOUND FL 33455

Mailing Address

8716 SE ALABAMA PLACE
HOBE SOUND FL 33455

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

65-1068591

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

~~DEETO, BARRY M ESQ~~
~~7000 SE FEDERAL HWY STE 310~~
~~STUART FL 34907~~

Name **E. LYNN HAYNES**

Street Address (P.O. Box Number is Not Acceptable)
8716 SE ALABAMA PLACE

City **HOBE SOUND** **FL** Zip Code **33455**

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 *E. Lynn Haynes*
 Signature, typed or printed name of registered agent and title if applicable

E. LYNN HAYNES

4-13-02

(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, 2002 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 **DPD**
 STREET ADDRESS **HAYNES, E. LYNN**
 CITY-ST-ZIP **8716 SE ALABAMA PLACE**
HOBE SOUND FL 33455

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

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **HAYNES, JENNIE**
 CITY-ST-ZIP **8716 SE ALABAMA PLACE**
HOBE SOUND FL 33455

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: *E. Lynn Haynes*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. LYNN HAYNES, President
 Date **4-13-02**
 Daytime Phone #

CR2E034 (9/01)