2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000025795

1. Entity Name
W. L. HAYDEN, INC.

Principal Place of Business	Mailing Address
12 BRIGHTON COURT	12 BRIGHTON COURT
PALM BEACH GARDENS FL 33418	PALM BEACH GARDENS FL 33418

2. Principal Place of Business
537 US Hwy 1
Suite, Apt. #, etc. — Suite 2
City & State: N. Palm Beach, FL
Zip: 33408   Country: USA

3. Mailing Address
1201 Ligurian Road
Suite, Apt. #, etc.
City & State: Palm Beach Gardens, FL
Zip: 33410   Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1057749
☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, HOLLY H
12 BRIGHTON COURT
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

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

SIGNATURE _Holly H. Bennett_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 4/2/03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME BENNETT, HOLLY H STREET ADDRESS 12 BRIGHTON COURT CITY-ST-ZIP PALM BEACH GARDENS FL 33418	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Holly Bennett_   SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/2/03   Daytime Phone #