

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000080387**

1. Entity Name

**CARL ROLAND HAYES, P.A.**

02 OCT 15 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

400 E. DR. M.L. KING BLVD. STE 102  
TAMPA FL 33603

Mailing Address

400 E. DR. M.L. KING BLVD. STE 102  
TAMPA FL 33603

2. Principal Place of Business

**308 E. Dr. M.L. King Blvd**

2. Mailing Address

**308 E. M.L. King Blvd**

Suite, Apt., etc.

**Suite E**

Suite, Apt., etc.

**E**

City &amp; State

**Tampa, Florida**

City &amp; State

**Tampa, Florida**

Zip

**33603**

Country

Zip

**33603**

Country

4. FSA Number

**593736452**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HAYES, CARL R**  
400 E. DR. M.L. KING BLVD, STE 102  
TAMPA FL 33603

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☒ **NO****\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **HAYES, CARL R**  
STREET ADDRESS **400 E. DR. M.L. KING BLVD, STE 102**  
CITY-ST-ZIP **TAMPA FL 33603**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **308 E. Dr. M. L. King Blvd**  
**Tampa, Florida 33603**☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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:

**S. R. Hayes**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**7/19/02**

Date

**813 237 2392**

Daytime Phone #

CR2E034 (4/02)