

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-16-2003 90039009 ***100.00
P02000132671

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000132671

1. Entity Name
HAYES FAMILY GROUP, INC.



Principal Place of Business
11691 SEMINOLE BLVD
SEMINOLE FL 33778

Mailing Address
11691 SEMINOLE BLVD
SEMINOLE FL 33778



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ 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

HAYES, CURTIS G
11691 SEMINOLE BLVD
SEMINOLE FL 33778

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAYES, CURTIS G
11691 SEMINOLE BLVD
SEMINOLE FL 33778 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900022476429
08/21/03--01018--019 ***50.00 ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this form 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-3

Date

Daytime Phone #

CR2E034 (4/03)

HFG

HFG, Inc. *Attachment #*
11691 Seminole Boulevard
Seminole, FL 33778
727-397-0610
Fax: 727-320-9212

7/14/2003

90143392

P02000132671

FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
PO BOX 6327
Tallahassee, FL 32314

Dear Ms. Hood,

I am writing to inform you that we did not receive our "FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)", we have, however received the duplicate forms and are returning them along with payment for the appropriate fees.

Thank You


Chad Hayes