

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90028 012 \*\*\*150.00

**DOCUMENT # P27729**

1. Entity Name

**WESTERN HAY COMPANY, INC.**

Principal Place of Business

**910 WEST 24TH STREET  
 OGDEN UT 84401**

Mailing Address

**910 WEST 24TH STREET  
 OGDEN UT 84401**

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 **87-0447445**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

**659339**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KELLY, TIMOTHY P  
 200 W FORSYTH SUITE 1020  
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **Rich Williams Jr.**  
 Street Address (P.O. Box Number is Not Acceptable) **20525 SW 1ST ST.**  
**Pembroke Pines, FL.**  
 City **FL** Zip Code **33029**

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 renewing

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>D</b>	<b>GRANT, DAVID R</b>	<b>910 WEST 24TH STREET OGDEN UT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>PD</b>	<b>PETTEYS, G J</b>	<b>910 WEST 24TH STREET OGDEN UT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>D</b>	<b>GRANT, RICH B.</b>	<b>910 WEST 24TH ST. OGDEN UT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>D</b>	<b>KARRAS, NOLAN</b>	<b>2195 W 4250 SOUTH ROY UT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>ST</b>	<b>PARKE, JOHN</b>	<b>925 WEST 24TH STREET OGDEN UT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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

Date

Daytime Phone #

CR2034 (10/00)