## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 07, 2001 8:00 am DOCUMENT # P9200000664 **Secretary of State** PHOENIX HAYES, INC. 03-07-2001 90603 035 \*\*\*158.75 Principal Place of Business Mailing Address 3020 FAIRLANE FARMS RD 3020 FAIRLANE FARMS RD. UUUUIA SUITE ONE SUITE ONE WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0358411 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAYES, DAN Street Address (P.O. Box Number is Not Acceptable) 6141 GUN CLUB ROAD WEST PALM BEACH FL 33415 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME HAYES, DAN STREET ADDRESS STREET ADDRESS 6141 GUN CLUB ROAD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 Delete ☐ Addition TITLE TITLE NAME HAYES, ROY NAME STREET ADDRESS STREET ADDRESS 3285 SANTA BARBARA DR. CITY-ST-7IP CITY-ST-ZIP WELLINGTON FL 33414 ☐ Addition ☐ Delete Change TITLE TITLE NAME HAYES, CARL T. JR. NAME STREET ADDRESS STREET ADDRESS 224 N. W. AVE. I CITY-ST-ZIP CITY-ST-ZIP **BELLE GLADE FL 33430** ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 series or thustee 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.

Dan Hayes,

President

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

(561) 791-8166

Daytime Phone #

March 5, 2001