

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90115 020 ***150.00

DOCUMENT # P93000004664

1. Entity Name

J.P. HAYES CONSTRUCTION CO., INC.

Principal Place of Business

14544 HWY 20
 NICEVILLE FL 32578

Mailing Address

PO BOX 5218
 NICEVILLE FL 32578

2. Principal Place of Business

128 Darrell Court
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5218
 Suite, Apt. #, etc.

City & State

Freeport, FL

City & State

Niceville, FL

Zip

32439

Country

U.S.A.

Zip

32578

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAYES, JOHN P
 14544 HWY 20
 NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

128 Darrell Court

City

Freeport

FL

Zip Code

32439

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 JOHN P. HAYES

Signature, typed or printed name of registered agent and title if applicable.

John P. Hayes

(NOTE: Registered Agent signature required when reinstating)

1/14/02

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, 2002 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

TITLE P
 NAME HAYES, JOHN P
 STREET ADDRESS 14544 HWY 20
 CITY-ST-ZIP NICEVILLE FL 32578

☐ Delete

TITLE ST
 NAME HAYES, NANCY
 STREET ADDRESS 14544 HWY 20
 CITY-ST-ZIP NICEVILLE FL 32578

☐ Delete

TITLE
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

128 Darrell Court
 Freeport, FL 32439

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ 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

John P. Hayes

1/14/02

Date

(850) 897-4364

Daytime Phone #

CR2E034 (9/01)