

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90194 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000062733

1. Entity Name
HAY-MAY, INC.



10100867

Principal Place of Business
2427 ELLINGTON AVE
JACKSONVILLE, FL 32209

Mailing Address
2427 ELLINGTON AVE
JACKSONVILLE, FL 32209

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3278480

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ULBRICH, ROBERT G
6902 N MAIN STREET
JACKSONVILLE, FL 32208

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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's signature required when submitting)

DATE

[Signature]

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PSD
HAYWOOD, REGINALD
2427 ELLINGTON AVENUE
JACKSONVILLE, FL 32209

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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CITY-STATE-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(1), 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: *Reginald C. Haywood*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03 766-0950

DATE

OFFICE PHONE

743-4506

923-4362

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