2000	UNI	FORM BUS	INES	S REPO	RT	(UBR)	_		FI	LED		
DOCUMENT # P950000896				38				Mar 22, 2000 8:00 am				
HAYES TIMBER CORPORATION								Secretary of State 03-22-2000 90015 046 ***150.00				
Principal Place of Business Mailing				Address								
HIGHWAY 275 NORTH BLOUNTSTOWN FL 32424				Y 275 NORTH STOWN FL 32424			C0042055					
2. Principal Place of Business			3. Mailir	ng Address								
Suite, Apt. #, etc.			Suite,	Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City &	& State			4. 1	FEI Number 59	9-3345170	<b>├</b>	Applied For	<u>,                                    </u>
Zip	Country  6. Name and Address of Current		Zip		Coun	Country		Certificate of Statu	s Desired	\$8.75 A	dditional	
			l Registered	Agent			7. P	. Name and Address of New Registere		<u> </u>		
deceased HAYES, M. BROOKS P.O. BOX 417				ge to: urke Hay	78S			Hayes Box Number is Not 275		1		
BLOUNTSTOWN FL 32424		P. 0	Box 41	7	32424	Blomtstown, E 3		oda.	]			
				 		City				FL Zp C	<b>1</b> 424	╛
8. The above named entity submits this statement for the purpo D. Burke Hayes  SIGNATURE				Burkse Haye				ed agent, or both, in the State of Florida.				
	Signature, typed	or printed name of registered agent a	and title if applic	cable. (NOTI	E: Registerei	d Agent signature requir	ed when re	einstating)		DATE		
				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 ke Check Payable to Department of Sta			ate	10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees				
11.		OFFICERS AND	DIRECTOR		12.		AD	DITIONS/CHANG	ES TO OFFICER	S AND DIRECTO	RS IN 11	]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIGHWAY	M. BROOKS 7 275 NORTH STOWN FL 32424	dec	eased eased						☐ Change	Addition	034 (9/
TITLE NAME STREET ADDRESS	President D. Burke Hayes Highway 275, Nor		th	☐ Delete						☐ Change	Addition	CR2E
TITLE	Blour	ntstown, FL	3242	<b>4</b> □ Delete	TITLE	:				Change	Addition	-
CITY-ST-ZIP				Delete	CITY-	-ST-ZIP				☐ Change	e ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP					NAMI STRE							
TITLE NAME STREET ADDRESS				☐ Delete						☐ Chango	e 🗀 Addition	}
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				Delete	TITLE NAMI STRE	<u> </u>				☐ Change	Addition	
indicated of the corp	on this repor poration or th	e information supplied with t or supplemental report is ne receiver or trustee empo achment with an address, v	true and a wered to e	ccurate and that r xecute this report	ny signat as requir	ture shall have the	same	legal effect as if m	ade under oath;	that I am an offic	er or director	
SIGNAT	URE: _	Burke Hayes	U.	Burke /	OR DIRECT		-2	0 -00 Dat		-674-2 Daytime Phone		