2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F

P95000097511

1. Entity Name

R. HAAG & J. HAAG, INC.



FILED Mar 24, 2003 8:00 am 5 Secretary of State

03-24-2003 90244 018 ***150.00

Principal Place of Business 814 SOUTH FEDERAL HIGHWAY STUART FL 34994				Mailing Address 814 SOUTH FEDERAL HIGHWAY STUART FL 34994									
2. Principal P	lace of Busin	ess	3. Mai	3. Mailing Address)				
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State				City & State				. FEI	1 Number 59-2716066	,		pplied For lot Applicable	
Zip Country			Zip	Zip Cour			5. Certificate of Status De				\$8.75 Ad Fee Require		
6. Name and Address of Current Reg				ed Agent		7. Name and Address of New Registered Agent							
		- Print		المدينيات ا	ř	Name		 ,					
HAAG, JO	YCE M					Street Address (P.O. Box Number is Not Acceptable)							
2567 SW EGRET POND CIR.					Siledi Addiess (F.O. Dux Mulliber is Not Addeptable)								
PALM CITY FL ³ 4990													
1		, ,					City FL Zip Code					de	
the obligati	ions of registe		or the purp	ose of changing its	registere	ed office or	registered a	agen	t, or both, in the State of Flori	da. Lam	familiar with	, and accept	
SIGNATURE	Signature, typed	printed name of registered agent	and title if app	ilicable. (NOTE	: Registered	d Agent signatur	e required wher	n reins	stating)	DATE			
FI	ILE NOW!!	! FEE IS \$150.00 3 Fee will be \$550.00							Election Campaign Fina Trust Fund Contribution.	ncing E		00 May Be	
Make Check Payable to Florida Department of State									rust rund Continuation.		. Adde	d to rees	
10. OFFICERS AND D				IRECTORS 11.			ļ	ADDI	TIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 11	
TITLE	VP			☐ Delete	TITLE						☐ Change	☐ Addition	
NAME	GREEN, D.				NAM	ET ADDRESS							
STREET ADDRESS 11020 . 128TH AVE CITY-ST-ZIP LARGO FL 34648													
		. 			_	-ST-ZIP					Channe	□ Addition	
TITLE NAME	DST	VOE M		☐ Detete	TITLE	- 1					☐ Change	☐ Addition	
NAME HAAG, JOYCE M STREET ADDRESS 2966 SW SUNSET CIRCLE						ET ADDRESS							
CITY-ST-ZIP PALM CITY FL 34990					-ST-ZIP								
TITLE -	_			☐ Delete	TITLE ~ ≈ NAME	1					☐ Change	☐ Addition	
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STREET ADDRESS						ET ADDRESS ST-ZIP			•				
CITY-ST-ZIP	·-··				-						☐ Chause	☐ Addistr =	
TITLE NAME	1			☐ Delete	TITLE	1					☐ Change	☐ Addition	
STREET ADDRESS						ET ADDRESS				٠			
CITY-ST-ZIP	 					ST-ZiP				,			
	ertify that:the	information supplied with	h this filing	does not qualify for	the exer	motion state	ed in Section	n 119	9.07(3)(i), Florida Statutes. I f	urther cei	tify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/72.287-300: