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

## Jan 29, 2003 8:00 am **Secretary of State** P96000010614 DOCUMENT # 01-29-2003 90296 021 \*\*\*150.00 1. Entity Name HAYNES TRANSPORTATION CO. Principal Place of Business Mailing Address P.O. BOX 2397 409 EAST 34TH STREET PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES ^ 'y & State City & State 4. FEI Number Applied For 59-3373086 Not Applicable Zip Zip Country 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 VAN MATRE, THOMAS G JR. Street Address (P.O. Box Number is Not Acceptable) 4300 BAYOU BLVD., SUITE 16 PENSACOLA FL 32503 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Change ☐ Addition HAYNES, KEITH L. NAME NAME STREET ADDRESS **2007 TONI ST** STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32504 CITY-ST-7IP ☐ Addition TITLE VSTD ☐ Delete TITLE Change NAME HAYNES, LAMAR H JR. NAME STREET ADDRESS STREET ADDRESS **4284 BRIGHTON DRIVE** CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME NAME

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address , with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR DAINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**