

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068051

1. Entity Name

R. T. HAINES CONSTRUCTION, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90028 040 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O 2730 CENTRAL AVENUE  
PETERSBURG FL 33712

C/O 2730 CENTRAL AVENUE  
ST. PETERSBURG FL 33712

2. Principal Place of Business

4619 HAINES ROAD

Suite, Apt. #, etc.

3. Mailing Address

4619 HAINES ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33714

Country

USA

Zip

33714

Country

USA

4. FEI Number

59-3398103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNAUST, WARREN J ESQ  
2730 CENTRAL AVENUE  
ST. PETERSBURG FL 33712

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<del>DVP</del>	DP	<input type="checkbox"/> Delete
TAYLOR, RICK L		
4619 HAINES ROAD		
ST. PETERSBURG FL 33714		
<del>DPT</del>	DST	<input type="checkbox"/> Delete
TAYLOR, RAY		
776 23RD AVE N		
ST PETE FL 33704		
<input type="checkbox"/> Delete		
<input type="checkbox"/> Delete		
<input type="checkbox"/> Delete		
<input type="checkbox"/> Delete		
<input type="checkbox"/> Delete		

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK W. JOHNSON	
STREET ADDRESS	478 HARBOR DRIVE SOUTH	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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

Date

Daytime Phone #

CR2E034 (9/99)