

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012175

1. Entity Name

HAYES FINANCIAL GROUP, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90024 029 ***150.00

Principal Place of Business

Mailing Address

11691 SEMINOLE BLVD
SEMINOLE FL 33778
US

11691 SEMINOLE BLVD.
SEMINOLE FL 33778-3207
US

0000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3433860**

Applied For

Not Applied

Zip

Country

Zip

Country

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

ALEXANDER INC
7124 PARKSIDE VILLA DR N
ST PETERSBURG FL 33709

Name

Street Address (P.O. Box Number is Not Acceptable)
7139 3rd AVENUE S.

City **ST PETERSBURG, FL** Zip Code **33707**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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** **Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D HAYES, CURTIS G**
STREET ADDRESS **11767 ASHLEY CT**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
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13. 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-00