

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064605

1. Entity Name

HAYES MODERN, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90003 043 ***150.00

Principal Place of Business

363 TWELFTH AVENUE SOUTH
NAPLES FL 34102

Mailing Address

363 TWELFTH AVENUE SOUTH
NAPLES FL 34101-0426

2. Principal Place of Business

Naples, FL.

3. Mailing Address

P.O. Box 10426

Suite, Apt. #, etc.

P.O. Box 10426

Suite, Apt. #, etc.

City & State

Naples FL.

City & State

Naples, FL.

Zip

34101

Country

USA

Zip

34101

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3471566

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

HAYES, JOHN M
363 TWELFTH AVENUE SOUTH
BRADLEY PLACE
NAPLES FL 34102

Name

Hayes John M

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

moving no current address

City

Naples

FL

Zip Code

34101

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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **0**
STREET ADDRESS **HAYES, JOHN**
CITY-ST-ZIP **363 12TH AVE S.
NAPLES FL 34102**

TITLE ☐ Change ☐ Addition
NAME **0**
STREET ADDRESS **Hayes John**
CITY-ST-ZIP **P.O. Box 10426
Naples, FL. 34101**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Hayes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2000
Date

Daytime Phone #

CR21034 (9/93)