

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0443897
 AV

DOCUMENT # P98000003562

1. Entity Name
BEN J. HAYES, P.A.

02-11-2002 90086 042 ***150.00

Principal Place of Business
**1162 36TH AVENUE NORTHEAST
 ST. PETERSBURG FL 33704**

Mailing Address
**1162 36TH AVENUE NORTHEAST
 ST. PETERSBURG FL 33704**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9410 International Ct. N.

Suite, Apt. #, etc.

3. Mailing Address

9410 International Ct. N.

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

St. Petersburg FL

4. FEI Number

59-3486912

Applied For

Not Applicable

Zip

Country

33716 USA

Zip

Country

33716 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HAYES, BEN J
 1162 36TH AVENUE NORTHEAST
 ST. PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

Name

Hayes, Ben J

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

9410 International Court N.

City

St. Petersburg

FL

Zip Code

33716

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

Ben J. Hayes

BEN J. Hayes

1-25-02

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, 2002 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

TITLE **PDST** ☐ Delete
 NAME **HAYES, BEN J**
 STREET ADDRESS **1162 36TH AVENUE NORTHEAST**
 CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Ben J. Hayes
BEN J. HAYES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-02 727-576-6300

CR2E034 (9/01)