

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009766

1. Entity Name

HAYWARD CONSULTING, INC.

Principal Place of Business

Mailing Address

121 WOOD LEAF DRIVE
WINTER SPRINGS FL 32708

121 WOOD LEAF DRIVE
WINTER SPRINGS FL 32708-5906

2. Principal Place of Business

1509 WOODSGLEN DR

Suite, Apt. #, etc.

3. Mailing Address

1509 WOODSGLEN DR

Suite, Apt. #, etc.

City & State

WINTER SPRINGS FL

Zip

Country

32708 SEMINOLE

City & State

WINTER SPRINGS DR

Zip

Country

32708 SEMINOLE

4. FEI Number

59-3489111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYWARD, DAVID
121 WOOD LEAF DRIVE
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

HAYWARD DAVID

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

1509 WOODSGLEN DR

City

WINTER SPRINGS

FL

Zip Code

32708

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HAYWARD, DAVID
CITY-ST-ZIP 121 WOOD LEAF DRIVE
WINTER SPRINGS FL 32708

TITLE ☐ Delete
NAME D
STREET ADDRESS HAYWARD, MERCEDES
CITY-ST-ZIP 121 WOOD LEAF DRIVE
WINTER SPRINGS FL 32708

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 D
STREET ADDRESS HAYWARD DAVID
CITY-ST-ZIP 1509 WOODSGLEN DR
WINTER SPRINGS FL 32708

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS HAYWARD MERCEDES
CITY-ST-ZIP 1509 WOODSGLEN DR
WINTER SPRINGS FL 32708

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/00 407 359 2409

Daytime Phone #

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90060 014 ***150.00

C0009987



DO NOT WRITE IN THIS SPACE