

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90011 016 ***150.00

AV

DOCUMENT # P99000029956

1. Entity Name
HAINES CONTRACTING, INC.

Principal Place of Business: **4320 BARQUERO COURT. EAST JACKSONVILLE FL 32217**
 Mailing Address: **4320 BARQUERO COURT. EAST JACKSONVILLE FL 32217**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3563752** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HAINES, ROBERT L
4320 BARQUERO COURT, EAST
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	HAINES, ROBERT L 4320 BARQUERO COURT, EAST JACKSONVILLE FL 32217	TITLE: _____	_____
TITLE: VP	CLARKE, EDWIN W 5806 PENNY LN JACKSONVILLE FL 32244	TITLE: VP	Jimmy L Aikens 5267 Baycrest Dr JAX, FL 32205
TITLE: VP	WILLIAMS, CECIL 8711 NEWTON RD # 207 JACKSONVILLE FL 32216	TITLE: _____	_____
TITLE: _____	_____	TITLE: _____	_____
TITLE: _____	_____	TITLE: _____	_____
TITLE: _____	_____	TITLE: _____	_____

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: *Robert L Haines* **4-23-02** **904-7337250**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)