

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 13, 2000 8:00 am
Secretary of State

05-17-2000 90967 019 ***150.00

DOCUMENT # P99000044355

1. Entity Name
HAD & ASSOCIATES, INC.

Principal Place of Business Mailing Address
~~5831 SUSSEX DR. TAMPA FL 33615~~ *Delete* ~~5831 SUSSEX DR. TAMPA FL 33615-3735~~ *Delete*

2. Principal Place of Business **-324 Grove St Apt 101**
 Suite, Apt. #, etc.
 City & State **St Pete Fla**

3. Mailing Address **P.O. Box 4843**
 Suite, Apt. #, etc. **Tampa Fla**
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **593581275** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HORNER, DAVID A
5831 SUSSEX DR.
TAMPA FL 33615

Please Correct

7. Name and Address of New Registered Agent
 Name **HORNER DONALD A.**
 Street Address (P.O. Box Number is Not Acceptable) **324 Grove St. Apt # 101**
ST PETE FLA
 City **FL** Zip Code **33701**

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 **Donald A. Horner** DATE **4/28/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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 NAME STREET ADDRESS CITY-ST-ZIP	President-Director DONALD A. HORNER 324 GROVE ST Apt 101 ST PETE FLA 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director DONALD A. HORNER P.O. BOX 4843 Tampa Fla 33677
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Donald A. Horner** DATE **4/28/2000** DAYTIME PHONE # **813 927-9911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/99)