

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # R99000044355

1. Entity Name

HAD * ASSOCIATES, INC

Principal Place of Business

324 Grove St
Apt. 101
St. Petersburg, FL 33701

Mailing Address

P.O. Box 4843
Tampa, FL 33677

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3581275

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Donald A. Horner
324 Grove St.
Apt. 300
St. Petersburg, FL 33701

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relistening)

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, 2001 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 PD
NAME Donald A. Horner
STREET ADDRESS 324 Grove St., Apt. 300
CITY-ST-ZIP St. Petersburg, FL 33701

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

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 DONALD A. HORNER

9-12-2001

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED

01 OCT 29 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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002E034 (11/00)

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page 2 of 2

10-24-01

To Whom it May Concern

ON 9/12/00 I SENT a HAND
WRITTEN letter, along with a
Money order for \$150.⁰⁰

The Letter explained in detail
that I did NOT receive my previous
Notice form (unifam Business Report)
I Called & was told how to
download form.

I Called & talked with Marketa
at 850-245-6059.

I was advised to send another
letter of explanation, and the
forms back to the Florida Dept of State.

Sincerely
Donald A. Horn 813-927-1677
Horn & Assoc INC