

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046189

1. Entity Name

HAYWORTH CREATIVE, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90167 040 ***150.00

Principal Place of Business

Mailing Address

945 PAMELA CIRCLE
ORMOND BEACH FL 32176

945 PAMELA CIRCLE
ORMOND BEACH FL 32176-4148

A0021361



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

142 E. Granada Blvd.

3. Mailing Address

P.O. Box 697

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203

City & State

City & State

Ormond Beach, FL

Ormond Beach, FL

Zip

Country

Zip

Country

32176

32175-0697

4. FEI Number

59-3580641

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYWORTH, KEVIN
945 PAMELA CIRCLE
ORMOND BEACH FL 32176

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

Kevin Hayworth

Kevin Hayworth, President

2/2/00

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME HAYWORTH, KEVIN
STREET ADDRESS 945 PAMELA CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32176

☐ Delete

TITLE P/D
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME BOESCH, BRIAN
STREET ADDRESS 945 PAMELA CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32176

☐ Delete

TITLE T/S/D
NAME
STREET ADDRESS 116 West 2nd St., Apt. 5
CITY-ST-ZIP Sanford, FL 32771

☒ Change ☐ Addition

TITLE D
NAME HAYWORTH, MARIA
STREET ADDRESS 945 PAMELA CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32176

☐ Delete

TITLE V/D
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Kevin Hayworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00

Date

(904) 677-7000

Daytime Phone #

CR2E034 (9/99)