

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90167 041 ***150.00

DOCUMENT # P99000046189

1. Entity Name

HAYWORTH CREATIVE, INC.

Principal Place of Business

142 E. GRENADA BLVD
STE 208
ORMOND BEACH FL 32176

Mailing Address

P O BOX 697
ORMOND BEACH FL 32176

2. Principal Place of Business

200 E. Granada Blvd.

3. Mailing Address

P.O. Box 697

Suite, Apt. #, etc.

Ste. 304

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32176

Country

Zip

32175-0697

Country

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

HAYWORTH, KEVIN
945 PAMELA CIRCLE
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

Kevin Hayworth

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

39 Sunrise Ave.

City

Ormond Beach

FL

Zip Code

32176

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

1/19/01

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, 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 HAYWORTH, KEVIN
STREET ADDRESS 945 PAMELA CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32176 ☐ Delete

TITLE TSD
NAME BOESCH, BRIAN
STREET ADDRESS 116 W. 2ND ST #5
CITY-ST-ZIP SANFORD FL 32771 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/T/S/D
NAME Kevin Hayworth
STREET ADDRESS 39 Sunrise Ave.
CITY-ST-ZIP Ormond Beach, FL 32176 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME Maria Hayworth
STREET ADDRESS 39 Sunrise Ave.
CITY-ST-ZIP Ormond Beach, FL 32176 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Kevin Hayworth

1/19/01

Date

(904) 677-7000

Daytime Phone #

CR2E034 (10/00)