2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072189

1. Entity Name

Joel M. Hanes Pa

=-HANES;-JOEL-M---

SIGNATURE

9060 S.E. 140TH LN. RD. SUMMERFIELD FL 34491

This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

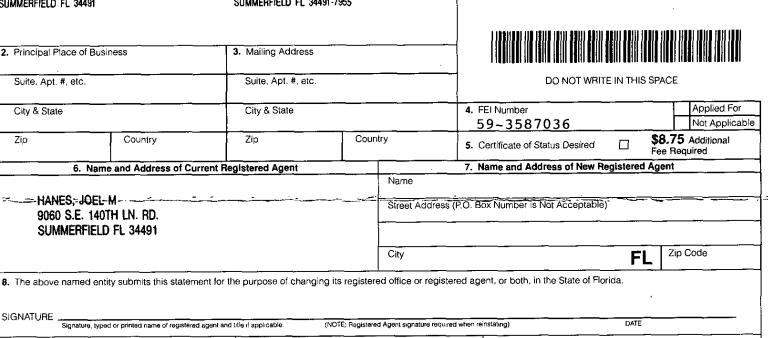
Principal Place of Business		Mailing Address		
9060 S.E. 140TH LN. RD. SUMMERFIELD FL 34491		9060 S.E. 140TH LN. RD. SUMMERFIELD FL 34491-7955		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent

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

Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90054 042 ***150.00



10. Election Campaign Financing

Trust Fund Contribution.

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Pre: NAME STREET ADDRESS CITY-ST-ZIP	S JOEL M HANES Delete 9060 SE 140th LN RD Summerfield FL 34491	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	8 17.7.
TITLE V PONAME STREET ADDRESS CITY-ST-ZIP	res SHARON L HANES 9060 SE 140th LN RD SUMMERFIELD FL 34491	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	on C
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	DN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Additi	on _
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	na
TITLE NAME STREET ADDRESS CITY - ST-71P	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Additi	an

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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

\$5.00 May Be

Added to Fees