

2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90333 028 ***150.00

0575828 AV

DOCUMENT # P99000072189

1. Entity Name
JOEL M. HANES PA



Principal Place of Business
**13817 DEL WEBB BLVD
SUMMERFIELD FL 34491**

Mailing Address
**13817 DEL WEBB BLVD
SUMMERFIELD FL 34491**



2. Principal Place of Business
3 HICKORY HEAD HAMMOCK

3. Mailing Address
3 HICKORY HEAD HAMMOCK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
THE VILLAGES FL 32159

City & State
THE VILLAGES FL 32159

4. FEI Number
59-3587036

Applied For
Not Applicable

Zip
32159

Country
LAKE

Zip
32159

Country
LAKE

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

**HANES, JOEL M
13817 DEL WEBB BLVD
SUMMERFIELD FL 34491**

Name
JOEL M HANES

Street Address (P.O. Box Number is Not Acceptable)
3 HICKORY HEAD HAMMOCK

City
THE VILLAGES

FL

Zip Code
32159

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

1-21-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HANES, JOEL M**
STREET ADDRESS **13817 DEL WEBB BLVD**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE **P** ☒ Change ☐ Addition
NAME **JOEL M HANES**
STREET ADDRESS **3 HICKORY HEAD HAMMOCK**
CITY-ST-ZIP **THE VILLAGES FL 32159**

TITLE **VP** ☐ Delete
NAME **HANES, SHARON L**
STREET ADDRESS **13817 DEL WEBB BLVD**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE ☒ Change ☐ Addition
NAME **SHARON L HANES**
STREET ADDRESS **3 HICKORY HEAD HAMMOCK**
CITY-ST-ZIP **THE VILLAGES FL 32159**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

Date

352.636.0000

Daytime Phone #

CR2E034 (10/02)