## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P99000101123** GREG B. HAYDA G.C., INC. 04-30-2001 90388 044 \*\*\*150.00 Principal Place of Business Mailing Address 1246 HARWICK ST. S.W. 1246 HARWICK ST. S.W. PALM BAY FL 32908 PALM BAY FL 32908 2. Principal Place of Business 3. Mailing Address Suito, Apt. #. etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3609395 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAYDA, GREG B Street Address (P.O. Box Number is Not Acceptable) 1246 HARWICK ST. S.W. PALM BAY FL 32908 City 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 Fiorida SIGNATURE Signature, typed or printed name of registorod agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPTS** TITLE ☐ Delete TITLE □ Adaltien NAME HAYDA, GREG B NAME 1246 HARWICK ST. S.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32908 OLIY-S1-7IP **DVPS** THE Delete TICLE ☐ Change [ ] AddSton BABCOCK, DANNY L NAME NAME: 1246 HORWICK ST SW SIREST ADDRESS STREET ADDRESS. CITY-ST-ZIP PALM BAY FL 32908 CITY-ST-7IF 7171.5 ☐ Delete HILLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GITY-ST-ZIP TiTLE ☐ Delete TITLE ☐ Change NAME MAME STREET ADORESS STREET ACCIBESS CITY ST ZiP C:[Y-S"-7]2 7171.9 Delete TITLE Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP TITLE Dolete TATLE Add tie VAME VAME STREET ADORESS STREET ADDRESS CUTY-ST-ZiP C:TY-ST-712 Thereby 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 each; that i am an efficiency 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 changed, or on an attachment with an address, with all other like empowered.

RE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR