

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-14-2000 90048 016 ***150.00

DOCUMENT # S54096

1. Entity Name

HAYNES SERVICES, INC.

Principal Place of Business

Mailing Address

8111 E GREENWOOD AVE

8111 E. GREENWOOD AVE

TAMPA FL 33604

TAMPA FL 33604-3611

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3067448

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

HAYNES, JEFFERY

6322 JACQUELINE ARBOR DRIVE

TEMPLE TERRACE FL 33617

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

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	DPV	<input type="checkbox"/> Delete
NAME	HAYNES, JEFFERY	
STREET ADDRESS	6322 JACQUELINE ARBOR DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	SECM	<input type="checkbox"/> Delete
NAME	RASHEED, BARBARA	
STREET ADDRESS	11402 GIBRALTER PLACE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	RASHEED, HOWARD	
STREET ADDRESS	11402 GIBRALTER PLACE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	M	<input type="checkbox"/> Delete
NAME	SAPP, DENISE	
STREET ADDRESS	8501 N 50TH ST	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	M	<input type="checkbox"/> Delete
NAME	RASHEED, CANDACE	
STREET ADDRESS	3367 MISSION BAY BLVD STE 229	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

No longer an officer or Director

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-00

Date

Daytime Phone #

813-914-8824

CR2E034 (9/99)