2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S70938

1. Entity Name

HAYES SHEET METAL WORKS INC.

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90376 016 ***150.00

C0077574

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
76 N HOLIDAY ROAD DESTIN FL 32541 US	1054 NELLIE DRIVE SANTA ROSA BEACH FL 32459-5223 US

2. Principal Place of Business	3. Mailing Address
	76 N Holiday Rd #C13
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Destin, FL
Zip / Country	Zip 32541 / Country

4. FEI Number 59-3073819 ☐ 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
HAYES, CHARLIE WILLIAM RT. 1, BOX 4940 SANTA ROSA BEACH FL 32459	Name Street Address (P.O. Box Number is Not Acceptable) 76 N. Holiday Rd #C13 City Destin FL Zip Code 32541

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HAYES, CHARLIE WILLIAM RT. 1, BOX 4940 SANTA ROSA BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	76 N Holiday RD #C13 Destin, FL 32541	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: Charlie Hayes 4/21/00 (850) 837-8622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #