

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90005 028 ***158.75

DOCUMENT # V28167

1. Entity Name
HANEY & DAUGHTERS, INC.

Principal Place of Business

7278 LEEWYAN DR.
SARASOTA FL 34240
US

Mailing Address

P.O. BOX 7551
SARASOTA FL 34278

2. Principal Place of Business

3. Mailing Address

P.O. Box 7985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sarasota, FL

4. FEI Number 65-0339444

Applied For

Not Applicable

Zip

Country

Zip

Country

34278 USA

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

WILLIAMS, DONNA R.

~~2040 ARDANSIAN LANE~~
SARASOTA FL 34240

Name

Street Address (P.O. Box Number is Not Acceptable)

2529 4th St.

City

Sarasota

FL

Zip Code

34234

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, 2001 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 PS
NAME WILLIAMS, DONNA R.
STREET ADDRESS 2408 APPALOOSA CIR
CITY-ST-ZIP SARASOTA FL 34240 ☐ Delete

TITLE PS
NAME Donna R. Williams
STREET ADDRESS 2529 4th St
CITY-ST-ZIP Sarasota, FL 34234 ☒ Change ☐ Addition

TITLE VAS
NAME THOMAS, DENISE L.
STREET ADDRESS 2357 APPALOOSA CIRCLE
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE VAS
NAME Denise L. Thomas
STREET ADDRESS 7278 S. Leewynn Dr.
CITY-ST-ZIP Sarasota, FL 34240 ☒ Change ☐ Addition

TITLE VT
NAME THOMAS, JOHN E
STREET ADDRESS 2357 APPALOOSA CIR
CITY-ST-ZIP SARASOTA FL 34240 ☐ Delete

TITLE VT
NAME John E. Thomas
STREET ADDRESS 7278 S. Leewynn Dr.
CITY-ST-ZIP Sarasota, FL 34240 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Denise L. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01 (941) 371-3859
Date Daytime Phone #

CR2E034 (10/00)