

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90141 039 ***150.00

DOCUMENT # G03358

1. Entity Name

ROBERT G. HALING, D.C., P.A.

Principal Place of Business

Mailing Address

% ROBERT G. HALING
 1107 E. SILVER SPRINGS BLVD., S-1
 OCALA FL 34470
 US

% ROBERT G. HALING
 PO BOX 3956
 OCALA FL 34478-3956
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2436783

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALING, ROBERT G.
1107 E. SILVER SPRINGS BLVD., S-1
OCALA FL 32670

Name **ROBERT C HALING**

Street Address (P.O. Box Number is Not Acceptable)
4001 W SILVER SPRINGS BLVD

City **OCALA**

FL

Zip Code **32670**

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 **ROBERT C HALING, PRESIDENT**

Robert G. Haling

3-25-00

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

(NOTE: Registered Agent signature required when re-registering)

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 Delete
 NAME **D HALING, CAROL JEAN**
 STREET ADDRESS **1107 E SILVER SPRINGS S-1**
 CITY-ST-ZIP **OCALA, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DP HALING, ROBERT G**
 STREET ADDRESS **1107 E SILVER SPRINGS S-1**
 CITY-ST-ZIP **OCALA, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. I hereby certify that the information furnished 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 supplement 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

ROBERT G HALING **3-25-00** **(352) 732-3339**

Date

Daytime Phone #

CR2000-04 (03/01)