

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 475458

1. Entity Name
HALCOMB PROPERTIES, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90099 015 ***150.00

Principal Place of Business
100 N SEABEACH
DAYTONA BEACH FL 32118
US

Mailing Address
1205 N. HALIFAX
DAYTONA BEACH FL 32118
US

2. Principal Place of Business
HOME

3. Mailing Address
1205 N. Halifax Ave

City & State
Daytona Bch

City & State

Zip
32118

Country
Volusia

Zip
32118

Country
Volusia



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1589410

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HALCOMB, JOHN SCOTT
1205 N. HALIFAX AVENUE
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent
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 _____ DATE _____
(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, 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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HALCOMB, JERRY W			NAME			
STREET ADDRESS	1205 N. HALIFAX			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HALCOMB, SUSAN H.			NAME			
STREET ADDRESS	1205 N. HALIFAX AVENUE			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	John Scott Halcomb			NAME			
STREET ADDRESS	1205 N. Halifax			STREET ADDRESS			
CITY-ST-ZIP	Daytona Bch. FL.			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: John W. Halcomb 4/13/01 386-253-6418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)