2000 UNIFORM BUSINESS REPORT (UBR)

3/3/15/

FILED
May 22, 2000 8:00 am
Secretary of State
03-15-2000 90094 020 ***150.00

DOCUMENT # 588273

1. Entity Name
HALLIDAY PRODUCTS, INC.

Principal Place of Business	Mailing Address
6401 EDGEWATER DR. ORLANDO FL 32810	6401 EDGEWATER DR. ORLANDO FL 32810-4203

DO NOT WRITE IN THIS SPACE

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 59-1854869 ☐ 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
HALLIDAY, MICHAEL R. 6401 EDGEWATER DRIVE ORLANDO FL 32810	Name DON AHLBERG Street 190 VARSITY CIRCLE (P.O. Box not acceptable) ALTAMONTE SPRINGS, FL. 32714 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 Don Ahlberg
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALLIDAY, DOUGLAS 4050 GOLFSIDE DR ORLANDO FL	☐ Delete	TITLE DSTD NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COPELY, CHARLES 1157 VALLEY CREEK RUN WINTER PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD HALLIDAY, MICHAEL 386 CRANES COURT MAITLAND FL 32751	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV AHLBERG, DONALD 190 VARSITY CIR ALTAMONTE SPGS FL 32714	☐ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	CHRIS HALLIDAY 1868 EAGLES REST DRIVE APOPKA, FL. 32712	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X Don Ahlberg DIRECTOR X 3/8/00 X (407) 298-4470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #