

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 689945

1. Entity Name
HALIFAX DESIGNER HOMES, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90047 013 ***158.75

Principal Place of Business
C/O WILLIAM D. KRAMER, P.A.
1838 40TH TERRACE SW
NAPLES FL 34116
US

Mailing Address
C/O W.D. KRAMER
1838 40TH TERRACE SW
NAPLES FL 34116
US

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 58-2030744

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

KRAMER, WILLIAM D.
1838 40TH TERRACE SW
SUITE 3
NAPLES FL 34116

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
ALKSNINIS, ALGIRDAS
1217 FRUITLAND AVE.
MARCO ISLAND FL 34145

☐ Delete

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

TITLE
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CITY-ST-ZIP
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ALKSNINIS, EUGENIA
1217 FRUITLAND AVE
MARCO ISLAND FL 34145

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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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Algirdas Alksninis, Pres 2/23/01 941-348-0272
ALGIRDAS ALKSNINIS

CR2E034 (10/00)