

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G03358

1. Entity Name

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

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90313 035 ***150.00

Principal Place of Business

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

Mailing Address

% ROBERT G. HALING
PO BOX 3956
OCALA FL 34480
US

A0057916



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4001 W. Silver Springs Blvd

Suite, Apt. #, etc.
(If Applicable)

3. Mailing Address

Suite, Apt. #, etc.
(If Applicable)

City & State

Ocala, FL

City & State

4. FEI Number 59-2436783

Applied For

Not Applicable

Zip

34482

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALING, ROBERT G.
4001 W SILVER SPRINGS BLVD
OCALA FL 34482

7. Name and Address of New Registered Agent

Name

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

City

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 4001 W. Silver Springs Blvd
CITY-ST-ZIP Ocala, FL 34482

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 4001 W. Silver Springs Blvd
CITY-ST-ZIP Ocala, FL 34482

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)