

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H21091

Entity Name  
HALOM DEVELOPMENT, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90130 024 \*\*\*150.00

Principal Place of Business

3309 US HWY 19 N  
TARPON SPRINGS FL 34689  
S

Mailing Address

PO BOX 1608  
TARPON SPRINGS FL 34688-1608  
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2461599**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

FORD, DAVID S.

43309 US HWY 19 N

TARPON SPRINGS FL 34689

Name

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

City

**FL**

Zip Code

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

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, 2002 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**

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME  
ALDRIDGE, DANIEL  
STREET ADDRESS  
43309 US HWY 19 N.  
CITY-ST-ZIP  
TARPON SPRINGS FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

NAME  
DP  
FRIEDLAND, LEW  
STREET ADDRESS  
43309 US HWY 19 N.  
CITY-ST-ZIP  
TARPON SPRINGS FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

NAME  
DST  
FORD, DAVID  
STREET ADDRESS  
43309 US HWY 19 N.  
CITY-ST-ZIP  
TARPON SPRINGS FL

☐ Delete

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NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEW FRIEDLAND 1/23/02 727 942 2591

Date

Daytime Phone #

CR2E034 (9/01)