

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H84289

1. Entity Name

THE HALVORSEN GROUP, INC.

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90215 042 ***558.75

Principal Place of Business

2330 OAK STREET
JACKSONVILLE FL 32204

Mailing Address

2330 OAK STREET
JACKSONVILLE FL 32204

2. Principal Place of Business

6320 ST. AUGUSTINE RD.

Suite, Apt. #, etc.

SUITE 12

City & State

JACKSONVILLE, FL.

Zip

32217

Country

usa

3. Mailing Address

6320 ST. AUGUSTINE RD.

Suite, Apt. #, etc.

SUITE 12

City & State

JACKSONVILLE, FL.

Zip

32217

Country

usa

4. FEI Number

59-2606633

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALVORSEN, THOMAS E
4646 SUNBEAM STATION COURT
JACKSONVILLE FL 32257

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.

THOMAS E. HALVORSEN, PRESIDENT

SIGNATURE Thomas E. Halvorsen, President AUGUST 17, 2000

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)

☒ X

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME HALVORSEN, THOMAS E.
STREET ADDRESS 4646 SUNBEAM STATION CT.
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE ST
NAME CASON, SPENCER M
STREET ADDRESS 2090 OAK HAMMOCK DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ST
NAME HALVORSEN, THOMAS E.
STREET ADDRESS 4646 SUNBEAM STATION COURT
CITY-ST-ZIP JACKSONVILLE, FL. 32257 ☒ Change ☐ Addition

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

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

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

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

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: Thomas E. Halvorsen, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUGUST 17, 2000 (904) 443-

Date

Daytime Phone #

7667

CR2E034 (5/00)