2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 06, 2002 8:00 am § Secretary of State DOCUMENT # J08803 1. Entity Name 03-06-2002 90101 006 ***150.00 HALLER INDUSTRIES, INC. Principal Place of Business Mailing Address 4895 W WATERS AVE 4895 W WATERS AVE STE J STE J TAMPA FL 33634-1316 TAMPA FL 33634-1316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2718052 Not Applicable Country Zip Country \$8.75 Additional Fee Required -5. Certificate of Status Desired - -- 🗔 ـ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALLER, NELSON C. Street Address (P.O. Box Number is Not Acceptable) 4895 W WATERS AVE SUITE J **TAMPA FL 33634** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Defete Change ☐ Addition NAME HALLER, NELSON C. NAME STREET ADDRESS 4895 W WATERS AVE STE J STREET ADDRESS CJTY-ST-7IP TAMPA FL 33634 CITY-ST-ZIP TITLE VPD Delete TITLE Change ☐ Addition NAME HALLER, LEIGH A NAME STREET ADDRESS STREET ADDRESS 4895 W WALTERS AVE, STE J CITY-ST-ZIP. CITY-ST-ZIP -TAMPA-FL: 336342 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P 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.

ER OR DIRECTOR

Date

Daytime Phone #

FILED