2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
04-03-2001 90114 016 ***150.00

0522201

DOCUMENT # J11717

1. Entity Name
DAVID HALFACRE, INC.

Principal Place of Business
3924 W. SEVILLA ST.
TAMPA FL 33629
US

Mailing Address
PO BOX 18423
TAMPA FL 33679-8423
US

C0041335

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6306 S. MacDill Ave.
Suite, Apt. #, etc.: 605
City & State: Tampa FL
Zip: 33611 Country: USA

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number 59-2670332 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
HALFACRE, DAVID
~~3924 W SEVILLA ST~~
TAMPA FL 33611

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 6306 S. MacDill Ave. #605
City: Tampa FL Zip Code: 33611

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	DP ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	HALFACRE, DAVID	NAME	
STREET ADDRESS	~~3924 W SEVILLA ST~~	STREET ADDRESS	6306 S. MacDill Ave. #605
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	Tampa, FL 33611
TITLE	DV ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	HALFACRE, MARYAN	NAME	
STREET ADDRESS	~~3924 W SEVILLA ST~~	STREET ADDRESS	Rt 1 Box 222A
CITY-ST-ZIP	~~TAMPA FL~~	CITY-ST-ZIP	Lake Toxaway, NC 28747
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	
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	

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: Maryan R. Halfacre MARYAN R. HALFACRE 3/15/01 813-837-6371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)