

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J17734**

1. Entity Name  
**HALEY CONSTRUCTION, INC.**

Principal Place of Business  
**900 ORANGE AVE.  
DAYTONA BEACH FL 32114**

Mailing Address  
**900 ORANGE AVE.  
DAYTONA BEACH FL 32114**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**HALEY, DANIEL H.  
212 HICKMAN DR  
SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name **HALEY DANIEL H**  
Street Address (P.O. Box Number is Not Acceptable)  
**900 ORANGE AVE**  
City **DAYTONA Bch** FL Zip Code **32114**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HALEY, DAN**  
STREET ADDRESS **15 GRANVILLE CIRCLE**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **S** ☐ Delete  
NAME **HALEY, TERRY**  
STREET ADDRESS **GRANVILLE CIRCLE**  
CITY-ST-ZIP **DAYTONA BEACH FL**

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  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90230 012 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

CP2E034 (5/01)