

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K25734

1. Entity Name

DH HALEY, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90049 006 ***150.00

Principal Place of Business

% DANIEL H. HALEY
212 HICKMAN DR
SANFORD FL 32771-7000

Mailing Address

% DANIEL H. HALEY
212 HICKMAN DR
SANFORD FL 32771-7000

2. Principal Place of Business

900 Drange Ave.
Suite, Apt. #, etc.

3. Mailing Address

900 Drange Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Daytona Beach, FL

Zip
32114

Country
USA

City & State
Daytona Beach, FL

Zip
32114

Country
USA

4. FEI Number 59-2892160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Daniel Haley

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

900 Orange Avenue

City

Daytona Beach

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

1-26-01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HALEY, DANIEL H.	
STREET ADDRESS	15 GRANVILLE CIRCLE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HALEY, TERRY	
STREET ADDRESS	15 GRANVILLE CIRCLE	
CITY-ST-ZIP	DAYTONE BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-01 904 944 0470

CR2E034 (10/00)