

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90080 026 ****55.00

DOCUMENT # L99000005737

1. Entity Name

**HALLIDAY FAMILY'S STORE-IT-ALL OF PLANTATION, L.
 L.C.**

Principal Place of Business

**6701 N.W. 18TH COURT
 PLANTATION FL 33313**

Mailing Address

**10097 CLEARY BLVD.
 PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0953170

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALLIDAY, ROBERT III
 10097 CLEARY BLVD.
 PLANTATION FL 33324**

Name
DAVID M. GAYNES, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)
7153 Catania Drive

City
Boynton Beach

FL

Zip Code
33437

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 *David M. Gaynes*
 Signature, typed or printed name of registered agent and title if applicable.

DAVID M. GAYNES, ESQUIRE

1/26/2002

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 HALLIDAY FAMILY CORPORATION
 10097 CLEARY BLVD.
 PLANTATION FL 33324** ☐ Delete

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

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Robert Halliday III

ROBERT HALLIDAY III

1/26/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)