2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2000 08:00 AM DOCUMENT # N9400000130 1. Entity Name **Secretary of State** HALIFAX STAFFING, INC. Principal Place of Business Mailing Address 303 N CLYDE MORRIS BLVD 303 N CLYDE MORRIS BLVD ATTN: GENERAL COUNSEL DAYTONA BEACH DAYTONA BEACH FL FL 32114 32114 US 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 59-3222299 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIDSON 303 N CLYDE MORRIS BLVD Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL32114 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. 01/31/2000 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing . . Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate CD TITLE D ☐ Addition NAME STEVEN FOSTER JAMES NAME MILES STREET ADDRESS 353 OAK DR STPEET ADDRESS 303 N. CLYDE MORRIS BLVD. CITY-ST-ZIP ORMOND BCH FL32176 CITY-ST-ZIP DAYTONA BEACH FL32114 TITLE ☐ Delete C/D **M** Change ☐ Addition NAME NAME COBLE MARILYN PECK EDWIN STREET ADDRESS 1150 FLORIDA AVENUE STREET ADDRESS 2430 S. ATLANTIC AVE., STE. F CITY-ST-ZIP DAYTONA BEACH 32114 CITY-ST-ZIP DAYTONA BEACH SHORES 32118 TITLE ☐ Delete TITLE X Change Addition NAME NAME COVINGTON SYLVESTER COVINGTON SYLVESTER STREET ADDRESS 633 MADISON AVE STREET ADDRESS 663 MADISON AVE CITY-ST-ZIP DAYTONA BEACH FLCITY-ST-ZIP DAYTONA BEACH \mathbf{FL} 32114 TITLE ☐ Delete TITLE XI Change ☐ Addition NAME ELSTON ROBERT C. ELSTON ROBERT STREET ADDRESS 1281 US HIGHWAY 1 STREET ADDRESS 1281 US HIGHWAY 1 CITY-ST-ZIF ORMOND BEACH ORMOND BEACH CITY-ST-ZIP 32174 TITLE ☐ Delete TITLE D D X Change ☐ Addition NAME PEROMNIA PEROMNIA GRANT NAR/F GRANT STREET ADDRESS 1632 FIFTH STREET STREET ADDRESS 1632 FIFTH STREET CITY-ST-ZIP DAYTONA BEACH FL. CITY-ST-ZIP DAYTONA BEACH FT. 32114 TITLE ☐ Delete TITLE XI Change ☐ Addition NAME STANSFIELD STANSFIELD STREET ADDRESS 864 PENINSULA DR STREET ADDRESS 864 PENINSULA DR

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^{12.} 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NORA HALL (S/D) 1000 CITY CENTER CIRCLE, 2ND FL.

PORT ORANGE, FL 32119