

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0045880

DOCUMENT # N98000000235

1. Entity Name

HALO/HELP ANIMALS LIVE ORGANIZATION, INC.

03-29-2002 90832 006 ****61.25

Principal Place of Business

Mailing Address

13153 TALL PINE CIRCLE
 FORT MYERS FL 33907

13153 TALL PINE CIRCLE
 FORT MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

16927 VILLAS SQUARE

16927 VILLAS SQUARE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Myers FL

Ft. Myers FL

Zip

Country

Zip

Country

33908

USA

33908

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REDEKER, SHERI
 13153 TALL PINE CIRCLE
 POMPANO BEACH FL 33064

Name SHERI REDEKER/BARRY

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

16927 VILLAS SQUARE

City Ft. Myers

FL

Zip Code 33908

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

Sheri Redeker/Barry

Mar. 19, 2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	REDEKER, STEPHEN	
STREET ADDRESS	1561 NE 32ND ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUCEK, JOHN L	
STREET ADDRESS	309 DUER ST	
CITY-ST-ZIP	PLAINFIELD NJ 07060	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERS, GEORGE	
STREET ADDRESS	10 ESSEX TERR	
CITY-ST-ZIP	WEST ORANGE NJ 07052	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 life events.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 19, 2002 94.826.2200

Date

Daytime Phone #

CR2E037 (9/01)