

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 93649 012 \*\*\*150.00

**DOCUMENT # P00000057252**

1. Entity Name  
**HALO INTERNATIONAL, CORPORATION**

Principal Place of Business

**3501 W.VINE ST  
 SUITE #388  
 KISSIMMEE FL 34741**

Mailing Address

**3501 W.VINE ST  
 SUITE #388  
 KISSIMMEE FL 34741**

2. Principal Place of Business

**3501 W.VINE STREET**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**350**

City & State

**KISSIMMEE FL.**

City & State

**KISSIMMEE FL.**

Zip

**34741**

Country

**USA**

Zip

**KISSIMMEE FL 34741**

Country

**USA**

6. Name and Address of Current Registered Agent

**LISTER, HAZEL  
 110 LOCHNESS L  
 KISSIMMEE FL 34743**

7. Name and Address of New Registered Agent

Name: **HAZEL JONES (MARRIED NAME)**  
 Street Address (P.O. Box Number is Not Acceptable)  
**133 WHITE BIRCH DRIVE**  
 City **KISSIMMEE** FL Zip Code **34743**

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 **H Jones H. JONES**

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

(NOTE: Registered Agent signature required when reinstating)

**5/20/02**  
 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 \$150.00**  
**After May 1, 2002 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	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LISTER, HAZEL</b>	
STREET ADDRESS	<b>110 LOCHNESS LN</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAZEL JONES (MARRIED NAME)</b>	
STREET ADDRESS	<b>133 WHITE BIRCH DRIVE</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>	
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 REQUIRED H Jones**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/20/02** Daytime Phone # **407-299-9555**

CR2E034 (9/01)