2001 UNIFORM BUSINESS REPORT (UBR)

1/.

FILED
Feb 22, 2001 8:00 am
Secretary of State
01-31-2001 90028 042 ***150.00

DOCUMENT # P00000065823

1. Entity Name
N.J.HALE, INC.

Principal Place of Business	Mailing Address
5675 W. HWY 40 OCALA FL 34482 200 SE CR 484 OCALA FL. 34480	5675 W. HWY 40 OCALA FL 34482 200 SE CR 484 OCALA FL 34480.

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: N.J. HALE INC	3. Mailing Address: 200 CR 484
Suite, Apt. #, etc.: 200 SE CR 484	Suite, Apt. #, etc.
City & State: OCALA FLORIDA	City & State: OCALA FLORIDA
Zip: 34480 Country: USA.	Zip: 34480 Country: USA

4. FEI Number 59-3659646 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALE, NIGEL 5675 W. HWY 40 OCALA FL 34482	Name: HALE NIGEL Street Address (P.O. Box Number is Not Acceptable): 200 SE CR 484. City: OCALA FL Zip Code: 34480.

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: Nigel J Hale 1/24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NIGEL HALE 200 CR 484 OCALA FLA 34480 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Nigel J Hale 1/24/01.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #