

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085629

1. Entity Name
DEFOOR, INC.

Principal Place of Business
CANAC DESIGN CENTER
5597 HWY 98 WEST
SANTA ROSA BEACH FL 32459

Mailing Address
CANAC DESIGN CENTER
5597 HWY 98 WEST
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

COFFIELD, P COLLEEN
1719 SOUTH COUNTY HWY 393
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name: BULLYBIP, III
Street Address (P.O. Box Number is Not Acceptable)
2491 HWY 98 E, Suite 108
P.O. Box 1609
City: SANTA ROSA BEACH FL 32459

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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: D ☐ Delete
NAME: HARALSON, HERBERT L
STREET ADDRESS: CANAC DESIGN CENTER 5597 HWY 98 WEST
CITY-ST-ZIP: SANTA ROSA BEACH FL 32459

TITLE: D ☐ Delete
NAME: HARALSON, DIANE
STREET ADDRESS: CANAC DESIGN CENTER 5597 HWY 98 WEST
CITY-ST-ZIP: SANTA ROSA BEACH FL 32459

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 600004725506--6
CITY-ST-ZIP: -12/13/01--01082--021
***750.00 ***750.00

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

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

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

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

TITLE: ☐ Change ☐ 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 of Herbert L. Haralson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-01 622-2754
Date Filing Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -4 AM 10:00



REINSTATEMENT
DO NOT WRITE IN THIS SPACE 01

4. FEI Number
59-3671766 Applied For
Not Applicable

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

0140377 SP

CR0303 (5/01)

ACCEPTANCE OF REGISTERED AGENT

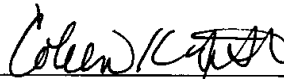
The undersigned, being the person named in the articles of incorporation of DEFOOR, INC., as the registered agent of this corporation, hereby consents to accept service of process for the above stated company at the place designated in the articles of incorporation, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.



Paul Lydolph, III

**STATE OF FLORIDA
COUNTY OF WALTON**

Sworn to and subscribed before me this 03 day of 12, 2000.



Notary Public — State of Florida



Printed Name of Notary Public or Stamp

Personally Known ☒

OR Produced Identification ☐

Type of Identification Produced _____