

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90032 050 ***150.00

DOCUMENT # P00000085641

1. Entity Name

HALBO NORTH, INC.

Principal Place of Business

**7655 14TH LANE
VERO BEACH FL 32966**

Mailing Address

**7655 14TH LANE
VERO BEACH FL 32966**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1040116**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****HALL, CLARENCE F
1120 S.E. CLFTON LANE
PT. ST. LUCIE FL 34983****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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 \$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	PD	<input type="checkbox"/> Delete
NAME	HALL, CLARENCE F	
STREET ADDRESS	7655 14TH LANE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HALL, LINDA	
STREET ADDRESS	7655 14TH LANE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	V	<input type="checkbox"/> Delete
NAME	BASQUEZ, SUSAN	
STREET ADDRESS	7655 14TH LANE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALL, BARBARA	
STREET ADDRESS	7655 14TH LANE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALL, DEBORAH	
STREET ADDRESS	7655 14TH LANE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)