

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90123 021 ***150.00

DOCUMENT # P00000090712

1. Entity Name
HALSTAR INDUSTRIES, INC.

Principal Place of Business
5366 STATE RD. 11
DELEON SPRINGS FL 32130

Mailing Address
5366 STATE RD. 11
DELEON SPRINGS FL 32130

2. Principal Place of Business
1995 Edison Rd
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 2058
 Suite, Apt. #, etc.

City & State
DeLand FL
 Zip
32127
 Country
Volusia

City & State
DeLeon Spgs FL
 Zip
32130
 Country
Volusia

4. FEI Number
59-3674301
 Applied For
☐ Not Applicable

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

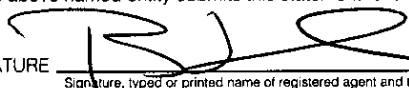
6. Name and Address of Current Registered Agent

HALL, BRUCE
5366 STATE RD. 11
DELEON SPRINGS FL 32130

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  **Bruce Hall** **4-27-01**
 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, BRUCE	
STREET ADDRESS	5366 STATE RD. 11	
CITY-ST-ZIP	DELEON SPRINGS FL 32130	
TITLE	D	<input type="checkbox"/> Delete
NAME	LESIZZA, DAVE	
STREET ADDRESS	170 W. CRAIG AVE.	
CITY-ST-ZIP	LAKE HELEN FL 32744	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULPEPPER, JEFFREY	
STREET ADDRESS	725 ORCHARD AVE.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
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		<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		
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:  **Bruce Hall** **4-27-01** **904-235-7672**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)