

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90236 020 ***150.00

DOCUMENT # P00000096191

1. Entity Name
DONALD T. HALFACRE, INC.



Principal Place of Business
**710 MAGNOLIA AVE.
CANTONMENT FL 32533**

Mailing Address
**710 MAGNOLIA AVE.
CANTONMENT FL 32533**

2. Principal Place of Business
400 PACE PKWY
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 825
Suite, Apt. #, etc.

City & State
CANTONMENT FL
Zip
32533

City & State
CANTONMENT FL
Zip
32533

4. FEI Number
62-1829725

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HALFACRE, DONALD TROY
710 MAGNOLIA AVE.
CANTONMENT FL 32533**

7. Name and Address of New Registered Agent

Name
HALFACRE, DONALD TROY
Street Address (P.O. Box Number is Not Acceptable)
400 PACE PKWY
City
CANTONMENT FL Zip Code
32533

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALFACRE, DONALD TROY 710 MAGNOLIA AVE. CANTONMENT FL 32533	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALFACRE, CHANIA M 710 MAGNOLIA AVE. CANTONMENT FL 32533	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALFACRE, DONALD TROY 400 PACE PKWY CANTONMENT FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALFACRE, CHANIA M 400 PACE PKWY CANTONMENT FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD T. HALFACRE **4-16-03** **850-968-3862**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)