

5/23/01-91194-023-\$150.00-\$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106552

1. Entity Name

HALLIDAY'S TREASURE GALLERY, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 20 PM 4:42

ADD 1478



DO NOT WRITE IN THIS SPACE

Principal Place of Business

90311 OVERSEAS HWY
TAVERNIER FL 33070

Mailing Address

P.O. BOX 132
TAVERNIER FL 33070

2. Principal Place of Business

90311 Overseas Hwy

3. Mailing Address

P.O. Box 132

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tavernier FL 33070

City & State

Tavernier FL 33070

4. FEI Number

05 1054262

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JABRO, JOHN A
90311 OVERSEAS HWY STE B
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name
JABRO, JOHN A

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

90311 Overseas Hwy STE B

City
Tavernier

FL

Zip Code
33070

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!

After MAY 1, 20

Make Check Payable

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
JEFFREY BLAKE HALLIDAY
P.O. Box 132
Tavernier, FL 33070

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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000004609730-9
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SR

13. I hereby certify that the information supplied with this filing does not qualify for an 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or 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

officer-President

May 01 852.8088

Date

Daytime Phone #

TIB 365

cell 394.3028

Primary

cell 305 394.0933

CR2E034 (10/00)