

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000010551

1. Entity Name
HALIFAX ROOFING, INC.Principal Place of Business
1029 PALM VIEW DR
S DAYTONA FL 321192. Principal Place of Business
3917 Cardinal Blvd
Suite, Apt. #, etc.3. Mailing Address
3917 Cardinal Blvd.
Suite, Apt. #, etc.
City & State
Wilbur by the Sea, FL
Zip 32127 Country Volusia
City & State
Wilbur by the Sea, FL
Zip 32127 Country VolusiaFILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90029 003 ***150.00

0013320
AV

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3696671
Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOCKWOOD, JAMES
1029 PALM VIEW DR
S DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name
Lockwood, JamesStreet Address (P.O. Box Number is Not Acceptable)
3917 Cardinal Blvd.City
Wilbur by the Sea, FL Zip Code
32127

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

2-24-02

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/01)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President James Lockwood 3917 Cardinal Blvd. Wilbur by the Sea, FL 32127	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James Lockwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-02

386-846-7868

Date

Daytime Phone #