

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

0013320 AV

DOCUMENT # P01000010551

1. Entity Name
HALIFAX ROOFING, INC.

03-11-2002 90029 003 ***150.00

Principal Place of Business

1029 PALM VIEW DR
S DAYTONA FL 32119

Mailing Address

1029 PALM VIEW DR
S DAYTONA FL 32119

2. Principal Place of Business

3917 Cardinal Blvd
 Suite, Apt. #, etc.

3. Mailing Address

3917 Cardinal Blvd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Wilbur by the Sea, FL

City & State

Wilbur by the Sea, FL

4. FEI Number

59-3696671

Applied For

Not Applicable

Zip

32127

Country

Volusia

Zip

32127

Country

Volusia

5. 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, James

Street 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

James Lockwood President

2-24-02

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)

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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.

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\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE President
NAME James Lockwood
STREET ADDRESS 3917 Cardinal Blvd.
CITY-ST-ZIP Wilbur by the Sea, FL 32127

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change

☐ 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

Date

386-846-7868

Daytime Phone #

CR2E034 (9/01)