

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90045 010 \*\*\*158.75

05/08/02 158.75

**DOCUMENT # P01000039616**

1. Entity Name

**HASELDEN BUILDERS, INC.**

Principal Place of Business

~~HOPSON RD, RT 2, BOX 145-C~~ **520 Hopson Rd**  
**MONTICELLO FL 32344**

Mailing Address

**520 Hopson Rd**  
~~HOPSON RD, RT 2, BOX 145-C~~  
**MONTICELLO FL 32344**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**520 Hopson Rd**  
 Suite, Apt. #, etc.  
**Monticello, FL**  
 City & State

3. Mailing Address

**520 Hopson Rd**  
 Suite, Apt. #, etc.  
**Monticello, FL**  
 City & State

Zip

**32344**

Country

**USA**

Zip

**32344**

Country

**USA**

4. FEI Number

**59-3718604**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HASELDEN, JEFFREY S**  
**HOPSON RD, RT 2, BOX 145-C**  
**MONTICELLO FL 32344**

7. Name and Address of New Registered Agent

Name

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

**520 Hopson Rd**

City

**Monticello**

**FL**

Zip Code

**32344**

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

*Jeffrey Scott Haselden*

**JEFFREY SCOTT HASELDEN**

**President**

**April 22, 2002**

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, 2002 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** ☐ Delete  
 NAME **HASELDEN, JEFFREY S**  
 STREET ADDRESS **HOPSON RD, RT 2, BOX 145-C**  
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D P** ☒ Change ☐ Addition  
 NAME **Haselden, Jeffrey S.**  
 STREET ADDRESS **520 Hopson Rd**  
 CITY-ST-ZIP **Monticello, FL 32344**

TITLE **V/T/S** ☐ Change ☒ Addition  
 NAME **Haselden, Tamela D.**  
 STREET ADDRESS **520 Hopson Rd**  
 CITY-ST-ZIP **Monticello, FL 32344**

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

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

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

TITLE ☐ Change ☐ 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 the empowered.

SIGNATURE:

*Jeffrey Scott Haselden*

**President**

**Jeffrey Scott Haselden**

**4/20/02 850-933-8162**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)