

9/11

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-11-2002 90064 025 ***150.00

DOCUMENT # P010000438621. Entity Name
HALO HOME INSPECTIONS, INC.Principal Place of Business
**10732 ALDEN RD. #4
JACKSONVILLE FL 32246**Mailing Address
**10732 ALDEN RD. #4
JACKSONVILLE FL 32246**

42848

2. Principal Place of Business
**11378 Aston Hall Dr S.
Suite, Apt. #, etc.
Jacksonville FL
City & State**3. Mailing Address
**11378 Aston Hall Dr S.
Suite, Apt. #, etc.
Jacksonville FL
City & State**

DO NOT WRITE IN THIS SPACE

Zip **32246** Country **Duval**Zip **32246** Country **Duval**4. FEI Number **59-3718674** Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORR, WILLIAM
10732 ALDEN RD #4
JACKSONVILLE FL 32246**Name **ORR William A.**

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

11378 Aston Hall Dr. S.City **Jacksonville** FL Zip Code **32246**

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 **William A. Orr** **7/3/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **President**
STREET ADDRESS **William A. Orr**
CITY-ST-ZIP **11378 Aston Hall Dr S.
Jacksonville FL 32246**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 like empowered.

SIGNATURE: **William A. Orr****9/1/02**
Date**904 591-8584**
Daytime Phone #

CR2E034 (4/02)