

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000064023

1. Entity Name

HALSEY ENTERPRISES, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-21-2002 91208 040 ***150.00

Principal Place of Business

100 PIERCE ST #209
 CLEARWATER FL 33756

Mailing Address

100 PIERCE ST #209
 CLEARWATER FL 33756

2. Principal Place of Business

same as above
 Suite, Apt. #, etc.

3. Mailing Address

same as above
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEE Number

59-3728201

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

HALSEY, LEISA
 100 PIERCE ST #209
 CLEARWATER FL 33756

Name

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

City

FL

Zip Code

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!!! 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 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Brad Halsey (President)
 100 Pierce St. #209
 Clearwater, FL 33756 ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Vice President
 Leiza Halsey
 100 Pierce St. #209
 Clearwater FL 33756 ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME
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TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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:

Brad Halsey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
 Date

442-9192
 Daytime Phone #

CR2E034 (9/01)