

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

04-25-2003 90204 025 ***150.00

DOCUMENT # P02000119333

1. Entity Name
HAELEAN CORPORATION



Principal Place of Business
2699 LEE ROAD, SUITE 320
WINTER PARK FL 32789

Mailing Address
2699 LEE ROAD, SUITE 320
WINTER PARK FL 32789

35041423



2. Principal Place of Business
P.O. Box 789
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 789
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Zellwood, FL

City & State
Zellwood, FL

4. FEI Number
56-2307964

Applied For
Not Applicable

Zip
32798

Country
Orange

Zip
32798

Country
Orange

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

O'NEILL, BERNARD C JR.
2699 LEE ROAD, SUITE 320
WINTER PARK FL 32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME O'NEILL, BERNARD C JR.
STREET ADDRESS 2699 LEE ROAD, SUITE 320
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE D/P
NAME Wilson, Barry
STREET ADDRESS P.O. Box 789
CITY-ST-ZIP Zellwood, FL 32798 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S/T
NAME Wilson, Linda
STREET ADDRESS P.O. Box 789
CITY-ST-ZIP Zellwood, FL 32798 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *SIGNATURE REQUIRED*

4-18-03

407/880-2879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (10/02)