

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90477 017 \*\*\*150.00

DOCUMENT # P94000007574

1. Entity Name  
HALCON, INC.

Principal Place of Business  
4214 WATERFRONT PARKWAY  
ORLANDO FL 32806  
US

Mailing Address  
4214 WATERFRONT PARKWAY  
ORLANDO FL 32806  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3220415

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

LENTZ, H.A.  
4214 WATERFRONT PKWY  
ORLANDO FL 32806

Name  
J. D. LENTZ  
Street Address (P.O. Box Number is Not Acceptable)  
4214 Waterfront Pkwy  
City Orlando FL Zip Code 32806

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 D. Lentz, James D. Lentz* DATE 2-14-01  
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LENTZ, HARRIET 4214 WATERFRONT PKWY ORLANDO FL 32806	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, J.A. 1107 GREENWOOD ST. ORLANDO FL 32801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAYDEN, A.M. 2823 BERMUDA AVE. N. APOPKA FL 32703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LENTZ, JAMES D. 4214 WATERFRONT PKWY ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O/T/M Lentz, James D. 4214 Waterfront Pkwy Orlando, FL 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joel L. Gilmer 3936 S. Semoran Blvd #366 Orlando, FL 32806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 D. Lentz (James D. Lentz)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2-14-01 DAYTIME PHONE # 407-857-0244

CR2E034 (10/00)