

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90052 016 ***158.75

DOCUMENT # P95000030885

1. Entity Name

B & B HALLIDAY CORP.

dba Riverview Mobile Home Villa's

Principal Place of Business

~~123 N CONGRESS AVE~~

~~STE 303~~

~~BOYNTON BEACH FL 33426~~

~~US~~

Mailing Address

123 N CONGRESS AVE

STE 303 304

BOYNTON BEACH FL 33426

US

2. Principal Place of Business

8600 U. S. Highway #1

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Micco, Florida 32976

City & State

City & State

Zip
32976

Country
USA

Zip

Country

4. FEI Number

65-0570763

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALLIDAY, WILLIAM

123 N CONGRESS AVE

STE 303

BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

DAVID M. GAYNES, ESQUIRE

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

7153 Catania Drive

City

Boynton Beach,

FL

Zip Code
33437

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

David M. Gaynes

DAVID M. GAYNES, ESQUIRE

1/10/2002

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 NAME	DP HALLIDAY, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	123 N CONGRESS AVE #304	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE NAME	DVP HALLIDAY, ROBERT III	<input type="checkbox"/> Delete
STREET ADDRESS	123 N CONGRESS AVE #304	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DP HALLIDAY, WILLIAM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7060 N. W. 126th Terrace	
CITY-ST-ZIP	Parkland, Florida 33076	
TITLE NAME	DVP HALLIDAY, ROBERT III	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10731 Hawks Vista	
CITY-ST-ZIP	Plantation, Florida 33324	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Halliday

WILLIAM HALLIDAY

1/10/2002

(954) 648-7020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)