

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90073 002 ***150.00

DOCUMENT # P96000068382

1. Entity Name
GARY G. HALVERSON INC.

Principal Place of Business

**3450 E LAKE RD
 SUITE 202
 PALM HARBOR FL 34685
 US**

Mailing Address

**3450 E LAKE RD
 SUITE 202
 PALM HARBOR FL 34685
 US**

2. Principal Place of Business

**4905 Race Track Rd
 Suite, Apt. #, etc.**

3. Mailing Address

**4905 Race Track Rd
 Suite, Apt. #, etc.**

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3400383

Applied For

Not Applicable

Zip

Country

33626

Hillsborough

Zip

Country

33626

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HALVERSON, GARY G
 130 GREENHAVEN TRAIL
 OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

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 **P** ☐ Delete
 NAME **HALVERSON, GARY G**
 STREET ADDRESS **130 GREENHAVEN TRAIL**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **S** ☐ Delete
 NAME **DIANE EGAN**
 STREET ADDRESS **130 GREENHAVEN TRAIL**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **V** ☐ Delete
 NAME **COSTLOW, JAMES W**
 STREET ADDRESS **4374 RADCLIFFE DR**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition
 NAME **Roy Santangelo**
 STREET ADDRESS **4471 Glenbrook Dr.**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

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

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

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TITLE ☐ 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:

GARY G. HALVERSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)