

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075077

1. Entity Name  
HALEY'S GIFTS INC.

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90046 016 \*\*\*150.00

Principal Place of Business

216 KELSEY LN  
TAMPA FL 33619  
US

Mailing Address

216 KELSEY LN  
TAMPA FL 33619  
US

00035685



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20505 US HWY 19 N  
Suite, Apt. #, etc.  
Suite 162

3. Mailing Address

20505 US HWY 19 N  
Suite, Apt. #, etc.  
Suite 162

City & State  
Clearwater Florida

City & State  
Clearwater Florida

4. FEI Number 59-3398984

Applied For  
Not Applicable

Zip Country  
33764 USA

Zip Country  
33764 USA

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

RODRIGUEZ, MICHAEL E  
5108 WEST HANNA AVE  
TAMPA FL 33634

Name Michael E. Rodriguez  
Street Address (P.O. Box Number is Not Acceptable)  
20505 US HWY 19 North  
Suite 162  
City Clearwater FL Zip Code 33764

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 *Michael E. Rodriguez* President Michael E. Rodriguez  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

04/02/01  
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, 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 PD  
NAME RODRIGUEZ, MICHAEL E  
STREET ADDRESS 5108 WEST HANNA AVE  
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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: *Michael E. Rodriguez* President Michael E. Rodriguez 04/02/01 (727) 725-5299  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)