

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90852 044 \*\*\*150.00

**DOCUMENT # P96000090191**

1. Entity Name  
**HALO INVESTMENTS, INC.**



Principal Place of Business  
**21301 S TAMiami TRAIL  
SUITE 320 PMB 113  
ESTERO FL 33928-2943**

Mailing Address  
**21301 S TAMiami TRAIL  
SUITE 320 PMB 113  
ESTERO FL 33928-2943**



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 **59-3410711**

Applied For

Not Applicable

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

**OGILVIE, DAVID M  
279 3RD ST  
BONITA SPRINGS FL 34134**

Name **OGILVIE, DAVID M**  
Street Address (P.O. Box Number is Not Acceptable)  
**21301 S TAMiami TRAIL  
SUITE 320 PMB 113**  
City **ESTERO** **FL** Zip Code **33928-2943**

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

*[Signature]* **President** (NOTE: Registered Agent signature required when reinstating)

DATE

**2/18/03**

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>OGILVIE, DAVID M</b>
STREET ADDRESS	<b>21301 S TAMiami TRAIL, STE 320 PMB113</b>
CITY-ST-ZIP	<b>ESTERO FL 33928</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>OGILVIE, CAROL</b>
STREET ADDRESS	<b>21301 S TAMiami TRAIL, STE 320 PMB 113</b>
CITY-ST-ZIP	<b>ESTERO FL 33928-2943</b>
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]*  
Signature typed or printed name of signing officer or director

*[Signature]* **President**

**2/18/03**

**239-390-9583**

Date

Daytime Phone #

CR2E034 (10/02)