

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90155 044 \*\*\*550.00

0145668 SP

**DOCUMENT # P97000003460**

1. Entity Name  
**HALFED, INC.**

Principal Place of Business  
**581 W GORRIE DR**  
**ST GEORGE ISLAND FL 32328**  
**US**

Mailing Address  
**POB 357**  
**CULLMAN FL 35056**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Cullman AL**

4. FEI Number

**72-1344260**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GIBSON, THOMAS S**  
**206 EAST FOURTH STREET**  
**PORT ST. JOE FL 32457**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 ☐ Delete  
NAME **PD**  
STREET ADDRESS **BEUTNER, CHARLES**  
CITY-ST-ZIP **706 1ST AVENUE, S.E.**  
**CULLMAN AL 35055**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **HOLLAND, ROY**  
CITY-ST-ZIP **107 PINE HILL DRIVE**  
**CULLMAN AL 35057**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **135 CR 268**  
CITY-ST-ZIP **Cullman AL 35057**

TITLE ☐ Delete  
NAME **STD**  
STREET ADDRESS **HOLLAND, JUNE**  
CITY-ST-ZIP **107 PINE HILL DRIVE**  
**CULLMAN AL 35057**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **135 CR 268**  
CITY-ST-ZIP **Cullman AL 35057**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DEMONIA, JAMES**  
CITY-ST-ZIP **107 PINE HILL DRIVE**  
**CULLMAN AL 35057**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **706 1st Ave SE**  
CITY-ST-ZIP **Cullman AL 35055**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES BEUTNER 9-12-01**

Date **254-734-3374** Daytime Phone #

CR2E034 (5/01)