

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

04-18-2002 90370 047 ***150.00

DOCUMENT # P98000064417

1. Entity Name

HALIFAX RESEARCH SPECIALISTS, P.A.

Principal Place of Business

311 N CLYDE MORRIS BLVD

SUITE 510

DAYTONA BEACH FL 32114

Mailing Address

311 N CLYDE MORRIS BLVD

SUITE 510

DAYTONA BEACH FL 32114

2. Principal Place of Business

1740 RICHARD PETTY BLVD

Suite, Apt. #, etc.

3. Mailing Address

1740 RICHARD PETTY BLVD

Suite, Apt. #, etc.

City & State

DAYTONA BEACH FL

Zip

32114

Country

City & State

DAYTONA BEACH FL

Zip

32114

Country

4. FEI Number

59-3529064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLDER, GEORGE A

311 N. CLYDE MORRIS BLVD

SUITE 510

DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name ADAM KIRWAN

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

4700 Millenia Boulevard, Suite 175

Orlando FL 32839

City

FL

Zip Code

32114

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 registering)

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 ☐ Delete
 CALDWELL, JACQUES R
 STREET ADDRESS 311 N CLYDE MORRIS BLVD
 CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUES R CALDWELL

3-26-02

Date

386-253-1490

Daytime Phone #

CR2E034 (9/01)