

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 27, 2000 8:00 am**
Secretary of State

03-27-2000 90067 013 ***150.00

DOCUMENT # P99000006389

1. Entity Name

HALIFAX REALTY, INC.

Principal Place of Business

Mailing Address

**300 RIVER BLUFF DRIVE
ORMOND BEACH FL 32174****300 RIVER BLUFF DRIVE
ORMOND BEACH FL 32174-3837****LUU44938**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

520 N RIDGEWOOD AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

4. FEI Number

59-3571432

Applied For

Not Applicable

Zip

32114

Country

USA

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

SPIEGEL & UTRERA, P.A.**343 ALMERIA AVENUE****CORAL GABLES FL 33134**

Name

FRANK VOLKER

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

300 RIVER BLUFF DR

City

ORMOND BEACH**FL**

Zip Code

32174

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

FRANK VOLKER

(NOTE: Registered Agent signature required when reinstating)

1/3/2000
DATE9. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PSTD VOLKER, FRANK 300 RIVER BLUFF DRIVE ORMOND BEACH FL 32174			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **FRANK VOLKER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRANK VOLKER, PRESIDENT 1/3/00 (904) 257-9880

CR2E034 (9/99)