

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90015 027 ***150.00

DOCUMENT # P99000058612

1. Entity Name

HALIFAX MANAGEMENT OF DAYTONA BEACH, INC.

HALIFAX MANAGEMENT, INC

Principal Place of Business

Mailing Address

~~1501 PINE AVE~~
~~HOLLY HILL FL 32117~~
32 OCEAN CREST DR
ORMOND BEACH, FL 32176

~~1501 PINE AVE~~
~~HOLLY HILL FL 32117~~
P.O. BOX 4265
ORMOND BEACH,
FL 32175

2. Principal Place of Business

3. Mailing Address

PO BOX 4265

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORMOND BEACH, FL

4. FEI Number

59-3585022

Applied For

Not Applicable

Zip

Country

Zip

Country

32175

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

BUCKLEY, JUDITH H

~~1501 PINE AVE~~

~~HOLLY HILL FL 32117~~

Name

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

32 OCEAN CREST DR

City

ORMOND BEACH

FL

Zip Code

32176

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 \$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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **BUCKLEY, JUDITH M**
 CITY-ST-ZIP **32 OCEAN CREST DRIVE**
ORMOND BEACH FL 32176

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

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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:

Judith M. Buckley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/01

CR2E034 (10/00)