

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90038 010 ***150.00

DOCUMENT # S03669

1. Entity Name

HALLABRIN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2412 TREE RIDGE LANE
 ORLANDO FL 32817

2412 TREE RIDGE LANE
 ORLANDO FL 32824-6089

2. Principal Place of Business

3. Mailing Address

152 WHITE MARSH CIRCLE

152 WHITE MARSH CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO, FL

Zip

32824

Country

USA

Zip

32824

Country

USA

4. FEI Number

59-3043672

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

7. Name and Address of New Registered Agent

HALLABRIN, CAROL S.
2412 TREE RIDGE LANE
ORLANDO FL 32817

Name

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

152 WHITE MARSH CIRCLE

City

ORLANDO

FL

Zip Code

32824

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

Carol S. Hallabrin **PRESIDENT**

2/7/00

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, 2000 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 **D** Delete
 NAME **HALLABRIN, CAROL S.**
 STREET ADDRESS **2412 TREE RIDGE LANE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME **HALLABRIN, CAROL S.**
 STREET ADDRESS **152 WHITE MARSH CIRCLE**
 CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 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:

Carol S. Hallabrin **CAROL S. HALLABRIN, Pres.**

Date

Daytime Phone #

2/7/00 407-849-1212