

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90021 015 ***150.00

DOCUMENT # S31621

1. Entity Name
BILL HALEY & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~U.S. HIGHWAY 27 NORTH~~

~~P O BOX 37250~~

~~AT STATE RD 270 BOX 37250~~

~~TALLAHASSEE FL 32315~~

~~TALLAHASSEE FL 32315~~

2. Principal Place of Business

5608 Mossy Top Way

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
SAME

4. FEI Number **59-3080250**

Applied For

Not Applicable

Zip
32303

Country
LEON

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

HALEY, R. W.

U.S. HIGHWAY 27 NORTH

AT STATE ROAD 270

TALLAHASSEE FL 32303

**5608 Mossy Top Way
Tallahassee, FL 32303**

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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
DPT
NAME
HALEY, R. W.
STREET ADDRESS
US HWY. 27 NORTH
CITY-ST-ZIP
Tallahassee, FL 32303

TITLE
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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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-02 850 562-0494

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
531621 119836

Bill Haley & Associates, Inc.

Specialists in Furniture & Cabinet Materials

July 5, 2002

Department of State
Division of Corporations
State of Florida
P O Box 6327
Tallahassee, Florida 32314

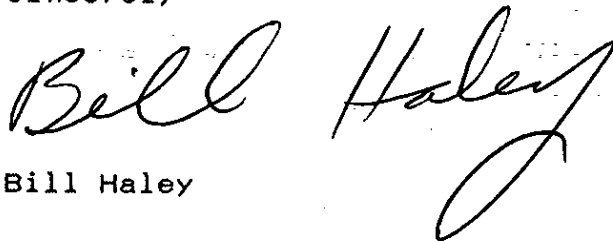
Gentlemen/Madam

I received the enclosed notice today. I have no recall of an earlier notice from your office.

I phoned your office today and was advised that a notice is sent each January. I will be on the lookout for it next year. Since I did not receive the notice, I was advised to complete the form and return with a check for \$150.

Thanks for your service.

Sincerely



Bill Haley

PS: Please note my new address: Bill Haley & Associates, Inc.
5608 Mossy Top Way
Tallahassee, Florida 32303