

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
 04-27-2000 90054 025 ***150.00

DOCUMENT # V70878

1. Entity Name
HALDEMAN INVESTMENT CORP.

Principal Place of Business Mailing Address
NE 20 LANE **618 NE 20TH LANE**
BOYNTON BEACH FL 33435 **BOYNTON BEACH FL 33433-6425**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6837 Bianchini Circle **6837 Bianchini Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **65-0379144** Applied For
Boca Raton FL **Boca Raton FL** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☐ **\$8.75** Additional
33433 **USA** **33433** **USA** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
TOMLINSON, CHARLES W. III Name
618 NE 20 LANE Street Address (P.O. Box Number is Not Acceptable)
BOYNTON BEACH FL 33435 **6837 Bianchini Circle**
 City **Boca Raton** **FL** Zip Code **33433**

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 *Charles W. Tomlinson III* **Charles W. Tomlinson III** **4/25/00**
 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 ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EGNATINSKY, JACK 106 CROSS RD. SYRACUSE NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAMICH, JAMES M. 887 UPLAND DR. ELMIRA NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOMLINSON, JANET F. 618 NE 20 LANE BOYNTON BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6837 Bianchini Circle Boca Raton, FL 33433
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
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
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

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: *Janet Tomlinson* **Janet Tomlinson** **4/25/00** **561-362-6590**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)