

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State
 03-27-2002 90024 042 ***150.00

1501077 AV

DOCUMENT # 673588

1. Entity Name
HALKEY-ROBERTS CORPORATION

Principal Place of Business
11600 9TH STREET NORTH
ST. PETERSBURG FL 33716-2397
US

Mailing Address
11600 9TH STREET NORTH
ST. PETERSBURG FL 33716-2397
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2013247**

Applied For
 Not Applicable

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAMBLE, CHARLES S 11600 9TH ST NORTH ST PETERSBURG FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALUS, EDWARD J. 11600 9TH ST NORTH ST. PETERSBURG FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRICKLAND, JEFFERY 1 ALLENTOWN PARKWAY ALLEN TX 75002-4211	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BATTAT, EMILE 1 ALLENTOWN PARKWAY ALLEN TX 75002-4211	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lewis Lecceardone 11600 9th Street North St. Petersburg, Fl.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V John Lucius 11600 9th Street North St. Petersburg, Fl.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V James Bowling 11600 9th Street North St. Petersburg, Fl.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Edward J. Palus **EDWARD J. PALUS** **March 15, 2002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (727) 577-1300

CR2E034 (9/01)