

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

04-18-2002 90370 047 ***150.00

DOCUMENT # P98000064417

1. Entity Name
HALIFAX RESEARCH SPECIALISTS, P.A.

Principal Place of Business
311 N CLYDE MORRIS BLVD
SUITE 510
DAYTONA BEACH FL 32114

Mailing Address
311 N CLYDE MORRIS BLVD
SUITE 510
DAYTONA BEACH FL 32114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1740 RICHARD PETTY BLVD

3. Mailing Address
1740 RICHARD PETTY BLVD

City & State
DAYTONA BEACH FL

Zip
32114

City & State
DAYTONA BEACH FL

Zip
32114

4. FEI Number **59-3529064**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDER, GEORGE A
311 N. CLYDE MORRIS BLVD
SUITE 510
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name **ADAM KIRWAN**
 Street Address (P.O. Box Number is Not Acceptable)
4700 Millenia Boulevard, Suite 175
Orlando FL 32839
 City **FL** Zip Code **32114**

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 **Adam O. Kirwan 3-26-02**

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	D CALDWELL, JACQUES R	<input type="checkbox"/> Delete
STREET ADDRESS	311 N CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **3-26-02** **386-253-1190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JACQUES R CALDWELL** Date Daytime Phone #

CR2E034 (9/01)