

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90155 046 ***150.00

DOCUMENT # S38483

1. Entity Name
HALO MANAGEMENT, INC.

Principal Place of Business Mailing Address

7545 OLD HARDING RD 7545 OLD HARDING RD
 SUITE 16G SUITE 16G
 NASHVILLE TN 37221 NASHVILLE TN 37221-3301
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

7521 OAKHAVEN TRACE **7521 OAKHAVEN TRACE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State TN City & State TN

NASHVILLE **NASHVILLE**

Zip Country Zip Country

37209 **USA** **37209** **USA**

4. FEI Number **59-3077405** Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEN, ROBERT G
3040 GULF TO BAY BLVD SUITE 200A
CLEARWATER FL 34619

7. Name and Address of New Registered Agent

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 **ROBERT G. ALLEN** **5-1-00**

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	
TITLE	D <input type="checkbox"/> Delete
NAME	ALLEN, ROBERT G
STREET ADDRESS	7545 OLD HARDING RD
CITY-ST-ZIP	NASHVILLE TN 37221
TITLE	D <input type="checkbox"/> Delete
NAME	ALLEN, LESA L
STREET ADDRESS	7545 OLD HARDING RD
CITY-ST-ZIP	NASHVILLE TN 37221
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, ROBERT G.
STREET ADDRESS	7521 OAKHAVEN TRACE
CITY-ST-ZIP	NASHVILLE TN 37209
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, LESA L
STREET ADDRESS	7521 OAKHAVEN TRACE
CITY-ST-ZIP	NASHVILLE, TN 37209
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: **ROBERT G. ALLEN** **5-1-00** **(615)356-7946**

Signature and typed or printed name of signing officer or director Date Daytime Phone #