

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 12, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90409 020 \*\*\*150.00

DOCUMENT # P02000095010

1. Entity Name  
HALLS CRAFTS & IRONWORKS, INC.



Principal Place of Business  
640 SEA TURTLE WAY  
PLANTATION FL 33324

Mailing Address  
640 SEA TURTLE WAY  
PLANTATION FL 33324

55047926

2. Principal Place of Business

640 SEA TURTLE

3. Mailing Address

SAME 640 SEA TURTLE WAY

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Plantation, FL

4. FEI Number

020640548

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

33324

Country

USA

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

BARKER, LAUREN F

~~817 NORTH MAIN STREET  
JACKSONVILLE FL 32202~~

4244 ST. JOHNS AVE  
JAX, FL 32210

Name

BARKER, LAUREN

Street Address (P.O. Box Number is Not Acceptable)

4244 ST JOHNS AVE

City

JAX, FL.

FL

Zip Code

32210

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

*Hollis Sherberg*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/03

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHERBERG, HOLLIS	
STREET ADDRESS	640 SEA TURTLE WAY	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERBERG, LARRY	
STREET ADDRESS	640 SEA TURTLE WAY	
CITY-ST-ZIP	PLANTATION FL 33324	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

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			
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			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Hollis Sherberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

DATE

9544747273

Daytime Phone #

CR2E034 (10/02)