2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
05-20-2002 90127 010 ***150.00

DOCUMENT # P93000002551

1. Entity Name
KEVIN HALL & COMPANY, INC.

Principal Place of Business	Mailing Address
11714 EMERALD COAST PKWY #102 DESTIN FL 32550 US	11714 EMERALD COAST PKWY #102 DESTIN FL 32550 US

429750

DO NOT WRITE IN THIS SPACE

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 59-3155732 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HALL, KEVIN P
11714 EMERALD COAST PKWY #102
DESTIN FL 32550

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 _____ 4/29/02
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT HALL, KEVIN P 203 DOMENICA CIR, EAST NICEVILLE FL 32578	☐ Delete	PT HALL, KEVIN P. 1254 Whitewood Way South Niceville, FL 32578	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS WEST, LINDA H 203 DOMENICA CIRCLE, EAST NICEVILLE FL 32578	☐ Delete	VS HALL, Linda S. 1254 Whitewood Way South Niceville FL 32578	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	(see attached copy of marriage license)	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: SIGNATURE REQUIRED Linda S. Hall 4/8/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone # (850) 654-9477

CR2E034 (9/01)

Attachment

429756

Department of Health • Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

#P93000002551

CERTIFIED A TRUE AND CORRECT COPY
CLERK CIRCUIT COURT
NEWMAN OKALOOSA
BY _____ DEPUTY CLERK
2/5/01

010000121
, (APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) KEVIN PORTER HALL			2. DATE OF BIRTH (Month, Day, Year) May. 14, 1954
3a. RESIDENCE - CITY, TOWN, OR LOCATION NICEVILLE	3b. COUNTY OKALOOSA	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) CALIFORNIA
5a. BRIDE'S NAME (First, Middle, Last) LINDA SUE WEST	5b. MAIDEN SURNAME (If different) HENRY		6. DATE OF BIRTH (Month, Day, Year) Nov. 12, 1959
7a. RESIDENCE - CITY, TOWN, OR LOCATION NICEVILLE	7b. COUNTY OKALOOSA	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) OHIO

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) ▶	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) Feb. 01, 2001
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) ▶
13. SIGNATURE OF BRIDE (Sign full name using black ink) ▶	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) Feb. 01, 2001
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) ▶

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE	18. DATE LICENSE ISSUED	18a. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
OKALOOSA	02-01-01	02-04-01	04-05-01

20a. SIGNATURE OF COURT CLERK OR JUDGE	20b. TITLE	20c. BY D.C.
Rene Bracken	CLERK OF COURT	MM

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year)	22. CITY, TOWN, OR LOCATION OF MARRIAGE
FEBRUARY 5, 2001	SHALIMAR

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) ▶	23c. ADDRESS (Of person performing ceremony) 1250 N. EGLIN PKWY, SHALIMAR, FL. 32579
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) MARY MCGRAW, DEPUTY CLERK	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

	26. SOCIAL SECURITY NUMBER	27. RACE	28. WERE YOU EVER PREVIOUSLY MARRIED?	(IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c) 29a. NO. OF THIS MARRIAGE	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	29c. DATE LAST MARRIAGE ENDED (Mo., Da., Year)
ROOM	263-17-0832	Caucasian	☐ NO ☒ YES	2	DIVORCE	07/14/1998
	30. SOCIAL SECURITY NUMBER	31. RACE	32. WERE YOU EVER PREVIOUSLY MARRIED?	(IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c) 33a. NO. OF THIS MARRIAGE	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)
RIDE	264-45-7784	Caucasian	☐ NO ☒ YES	3	DIVORCE	03/07/1997

Form 743-B April 98 (Replaces Feb. 91 edition)