2001 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 08, 2001 8:00 am Secretary of State 264298 DOCUMENT # 1. Entity Name HALL CONSTRUCTION CO. INC. 08-08-2001 90008 045 ***550.00 Principal Place of Business Mailing Address P.O.BOX 1987 P.O.BOX 1987 902 S. NOVA RD 902 S. NOVA RD DAYTONA BEACH FL 32114-5804 DAYTONA BEACH FL 32114-5804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1032859 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, DENNIS N. Street Address (P.O. Box Number is Not Acceptable) 902 S. NOVA RD. **DAYTONA BEACH FL 32014** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change HALL, JAMES B. NAME NAME 902 S. NOVA ROAD STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-7IP CITY-ST-ZIP PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition HALL, DENNIS N. NAME NAME 902 S NOVA RD. STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP CITY-ST-ZIP **VSD** TITLE Delete - ---TITLE - and - and □ Change ☐ Addition HALL LANCE----NAME. NAME 902 SO. NOVA RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

CR2E034 (5/n1)