

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 221931**

1. Entity Name

F.H. HALE & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

5650 PARK BLVD.
PARK FL 346655369 PARK BLVD.
PINELLAS PARK FL 33781-3354
US

2. Principal Place

Suite, Apt. #, c

F.H. HALE & ASSOCIATES

City & State

**5650 PARK BLVD., SUITE 1
PINELLAS PARK, FL 33781-3354**

Zip

Country

4. FEI Number

59-0869762

Applied For

Not Applicable

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

**HALE, FRED H.
5369 PARK BLVD.
ST PETERSBURG, FL
PINELLAS PARK FL 34665-0421**

Name

Street Adc

F.H. HALE & ASSOCIATES**5650 PARK BLVD., SUITE 1****PINELLAS PARK, FL 33781-3354**

City

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

Signature, typed or printed name of registered agent and date 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HALE, FRED H
1975 LEVINE LANE
CLEARWATER FL 34620** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
RAY, DEBORAH G
5263 LAKE CHARLES DRIVE
KENNETH CITY FL 33709** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED**00 MAR 30 PM 2:31****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****C0032940**

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)