FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address with all other like empowered

SIGNATURE:

## Jan 15, 2002 8:00 am Secretary of State DOCUMENT # 413682 1. Entity Name HALL'S NURSERIES, INC. 01-15-2002 90027 027 \*\*\*150.00 Principal Place of Business Mailing Address 5645 BLANDING BLVD. 5645 BLANDING BLVD. JACKSONVILLE FL 32244 JACKSONVILLE FL 32244 4114 (1861 1116 B) (1 116 B) (1 116 B) (1 116 B) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1438085 Not Applicable Country U.S.A 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 Name HALL, JOSEPH D. Street Address (P.O. Box Number is Not Acceptable) 2140 TREASURE PT RD **GREEN COVE SPRINGS FL 32043** City 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) FILE NOW!!! FEE IS \$150.00 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 May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD TITLE TITLE ☐ Delete ☐ Addition HALL, J.D. NAME NAME 2140 TREASURE PT RD STREET ADDRESS STREET ADDRESS **GREEN COVE SPGS FL** CITY-ST-ZIP CITY-ST-ZIP VD VD Sec TITLE ☐ Delete TITHE -Change Addition HALL, G.E. NAME HALL, G.E. NAME 2190 Aaron Drive STREET ADDRESS 2190 ARON DRIVE STREET ADDRESS **GREEN COVE SPRINGS FL** Green Cove Springs, Fl. CITY-ST-7IP CITY-ST-7IP TITLE ۷D □ Delete TITLE ☐ Addition HALL, RUSSELL L NAME HALL, RUSSELL L. NAME 2116 Treasure Point Rd. STREET ADDRESS STREET ADDRESS 899 BLANDING BLVD. Green Cove Springs, FL. CITY-ST-ZIP ORANGE PARK FL CITY-ST-ZIP VD Treas TITLE ☐ Delete TITLE Change Addition GOODBREAD.ROBERT NAME Goodbread, Robert NAME 2130 TREASURE POINT ROAD STREET ADDRESS STREET ADDRESS 2130 Treasure Point Road GREEN COVE SPRINGS FL Green Cove Springs, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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