

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 503024

1. Entity Name

HALLMARK CUSTOM BUILDERS, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90079 017 ***158.75

Principal Place of Business

74 CORNELIUS BLVD
P. O. BOX 7676
N. PORT FL 34287
US

Mailing Address

74 CORNELIUS BLVD
P. O. BOX 7676
N. PORT FL 34287-0676
US

2. Principal Place of Business

74 Cornelius Blvd.,
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7676
Suite, Apt. #, etc.

City & State
Port Charlotte, Fl.

City & State
North Port, Fl.

4. FEI Number 59-1677907

Applied For
Not Applicable

Zip
33596

Country
U.S.A.

Zip
34287

Country
U.S.A.

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

MALINOSKI, JAMES
20121 MOUNT PROSPECT
PORT CHARLOTTE FL 33954

Name

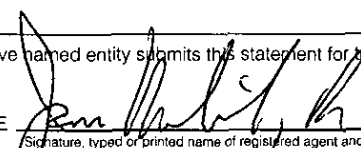
Street Address (P.O. Box Number is Not Acceptable)

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  James Malinoski, President 3/28/2000

(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, 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
PVTS
MALINOSKI, JAMES
20121 MT PROSPECT ST
PORT CHARLOTTE FL

☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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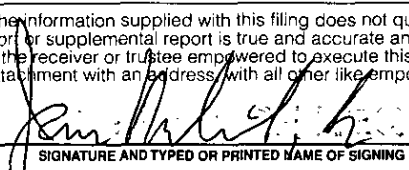
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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.

1-941-625-9796

SIGNATURE:  James Malinoski, Pres., March 28, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)