UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 533663 1. Entity Name					AMENDED REPORT			
Jon M Hall Company DO NOT WRITE IN THIS SPACE					02 DEC -3 PH 2: 52			
				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 3. Mailing Address		3. Mailing Address						
201 Hickman Drive		P O Box 1952						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State					4. FEI Number			
	ford, Fl	Winter Park			59-	1748765	Not Applicable	
^{Zip} 32	771 Country	^{Zip} 32790	Country		5. Certificate of Statu	s Desired	\$8.75 Additional Fee Required	
			Name	7	. Name and Address	of Current Register	ed Agent	
	DA KATIW	DITE:		Jon M	1. Hall Sr	•		
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)				
	IN THIS SP	ACE		1-2-3.0	Lakeview-	Drive		
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Burgarian da			City	Winte	er Park,	F	L Zip Code 32790	
	e named entity submits this statement for	, , , , , ,	G	-			•	
	Signature, typed or printed name of registered agent a oration is eligible to satisfy its Intangible	nd title if applicable (NOTI	M. Hall Registered Agent signal ay 1 Fee Is \$15	oure required w	Note (11/22 DATE	2/02	
9. This corporate Tax filing	Signature, typed or printed name of registered agent a	January 1 - M After May Amender	ay 1 Fee Is \$15 1, Fee is \$550.0 1 UBR is \$61.25	oture required w	10. Election Ca	11/22 DATE ampaign Financing Contribution.	\$5.00 May Se Added to Fees	
9. This corporate Tax filing	Signature, typed or printed name of registered agent er oration is eligible to satisfy its Intangible requirement and elects to do so, ria on back) OFFICERS AND E	January 1 - M After May Amenda Make Check Payab	ay 1 Fee Is \$15 1, Fee is \$550.0 1 UBR is \$61.25	oture required w	10. Election Ca			
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3. I nereby 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 eath; that I am an officer or director of the corporation or the procedure or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

MON. 7 WAR JON M. Hall SEGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/02

(407) 302-2933

Daytime Phone #

CR2E0348 (12)