

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -8 AM 8:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

533663

1. Entity Name

Jon M. Hall Company



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

199 Hickman Dr

Suite, Apt. #, etc.

Suite 2001

City & State

Sanford, Fl

Zip

32771

Country

Seminole

3. Mailing Address

P O Box 1952

Suite, Apt. #, etc.

City & State

Winter Park, Fl

Zip

32790

Country

Orange

4. FEI Number

59-1748765

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jon M Hall, Sr.

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

1230 Lakeview Drive

City

Winter Park

FL

Zip Code

32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/02/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D/C
NAME	Jon M Hall Sr
STREET ADDRESS	1230 Lakeview Drive
CITY-ST-ZIP	Winter Park, Fl 32789
TITLE	V/T/D
NAME	Jon M Hall Jr
STREET ADDRESS	331 Phelps Avenue
CITY-ST-ZIP	Winter Park, Fl 32789
TITLE	V/S/D
NAME	Susan S. Dykes
STREET ADDRESS	720 Shane Drive
CITY-ST-ZIP	DeLand, Fl 32720
TITLE	D
NAME	James C. Hall
STREET ADDRESS	225 Old Sanford Oviedo Road
CITY-ST-ZIP	Winter Springs, Fl 32708
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jon M. Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/02/03

Date

407-302-2933

Daytime Phone #

CR2E034B (12/02)