**FILED** 

17911 7-01 737-3436939 Date Dayling Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DOCUMENT # 670594 ~~ ~~  1. Entity Name HALL MARINE SALVAGE, INC.					Apr 11, 2001 8:00 am Secretary of State 04-11-2001 90017 010 ***150.00			
Principal Place of Business Mailing Address								
7928 BOGIE AVENUE NORTH ST. PETERSBURG FL 33710		P.O. BOX 40516 ST. Petersburg FL 33743 US			O M O I I W			
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. 1	FEI Number <b>59-2075417</b>		pplied For	
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Ad	lditional	
	6. Name and Address of Current Re	gistered Agent	<del></del>	7. 1	Name and Address of New Registers		~	
			Name					
HALL, JAMES S. 7928 BOGIE AVENUE N. ST. PETERSBURG FL 33710			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
			City			Zip Cod	ie	
8 The above	named entity submits this statement for the	ne nurnose of changing its r	egistered office or	registered ag				
o. The above	That he differ subtino the state here for the	to purpose or orlanging to r	ogistered omed or	ogistoroa ag	only of board in this office of the forest.		{	
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signatur	e required when re	einstating) DAT	E		
•	pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!	! FEE IS \$150.0		10. Election Campaign Financing		OO May Be	
•	ria on back)	Make Check Payabl	,		Trust Fund Contribution.	∐ Adde	d to Fees	
11.	OFFICERS AND DII	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE	PD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	HALL, JAMES S.		NAME				[ '	
STREET ADDRESS	7928 BOGIE AVE. N.		STREET ADDRESS				ļ ·	
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP				'	
TITLE	Įν	☐ Delete	TITLE			☐ Change	Addition [	
NAME	HALL, SHARON L.		NAME					
STREET ADDRESS	7928 BOGIE AVE N.		STREET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP	<del></del> -				
TITLE CONTRACTOR		Delēte	TITLE			- LJ-Change -	Addition	
NAME STREET ADDRESS	HALL, MARIE R 7328 BOGIE AVE N.		NAME STREET ADDRESS				\	
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP					
TITLE	D	□ Delete	TITLE	<del></del>			Addition	
NAME	HALL, ROBIN MARIE	□ Delete	NAME			Onlinge	7.00.110;1	
STREET ADDRESS	7928 BOGIE AVE. NORTH	•	STREET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP		·		1	
TITLE	D	☐ Delete	TITLE			Change	☐ Addition	
NAME	HALL, NICOLE R.		NAME				_	
STREET ADDRESS	7928 BOGIE AVE. NORTH	•	STREET ADDRESS		N.			
CITY-ST-ZIP	ST. PERTERSBURG FL	<u> </u>	CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE			☐ Change	Addition	
NAME	HALL, CHRISTOPHER K	, ,	NAME					
STREET ADDRESS	630 ROHRER DR.		STREET ADDRESS					
CITY-ST-ZIP	TAPP CITY OH 45371		CITY-ST-ZIP					
13. I hereby of	pertify that the information supplied with this on this report or supplemental report is true.	is filling does not qualify for the	he exemption state	d in Section	119,07(3)(i), Florida Statutes. I further disease effect as if made upder path; that	certify that the i	nformation	
of the cor changed,	on this report or supplemental report is truporation or the receiver or trustee empower or on an attachment with an address, with	ered to execute this report a n all other like empriwered.	s required by Char	ney 667, Florid	da Statutes; and that my name appear	rs in Block 11 o	r Block 12 if	
	James S.	HOLL /	14.11.11	/ [	U man	BAB 3/1	- 122.	