

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90029 048 ***150.00

DOCUMENT # 670594

1. Entity Name

HALL MARINE SALVAGE, INC.

Principal Place of Business

**7928 BOGIE AVENUE NORTH
ST. PETERSBURG FL 33710**

Mailing Address

**P.O. BOX 40516
ST. PETERSBURG FL 33743
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2075417**

Applied For

Not Applicable

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

HALL, JAMES S.

7928 BOGIE AVENUE N.

ST. PETERSBURG FL 33710

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

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, 2002 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
**PD
HALL, JAMES S.
7928 BOGIE AVE. N.
SAINT PETERSBURG FL 33710** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HALL, SHARON L.
7928 BOGIE AVE. N.
SAINT PETERSBURG FL 33710** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
HALL, MARIE R
7328 BOGIE AVE. N.
SAINT PETERSBURG FL 33710** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HALL, ROBIN MARIE
7928 BOGIE AVE. NORTH
SAINT PETERSBURG FL 33710** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HALL, ROBIN MARIE
7422 N. GREGORY
FRESNO, CA. 93722** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HALL, NICOLE R.
7928 BOGIE AVE. NORTH
SAINT PETERSBURG FL 33710** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HALL, CHRISTOPHER K
630 ROHRER DR.
TIPP CITY OH 45371** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HALL CHRISTOPHER K
7928 BOGIE AVE. N.
ST. PETERSBURG FL 33710** ☒ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR. 19-02 727-3436929

Date

Daytime Phone #

CR2E034 (9/01)