

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90307 017 ***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

P.O. Box 9533

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TREASURE ISLAND FL

Zip

Country

Zip

Country

33740

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

SIGNATURE *James S. Hall*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 20-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HALL, JAMES S.	
STREET ADDRESS	7928 BOGIE AVE. N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALL, SHARON L.	
STREET ADDRESS	7928 BOGIE AVE N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HALL, MARIE R	
STREET ADDRESS	7328 BOGIE AVE N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, ROBIN MARIE	
STREET ADDRESS	7422 NORTH GREGORY	
CITY-ST-ZIP	FRESNO CA 93722	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, NICOLE R.	
STREET ADDRESS	7928 BOGIE AVE. NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, CHRISTOPHER K	
STREET ADDRESS	7928 BOGIE AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James S. Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES S. HALL

APR 20-03

Date

Daytime Phone #

727-347-1919

CR2E034 (10/02)