

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F64444

1. Entity Name
THE HALL WESLEY GROUP, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91069 037 ***150.00

Principal Place of Business
C/O LINDA B. WESLEY
3322 KILMER DRIVE, P.O. BOX 1279
LAKELAND FL 33803

Mailing Address
C/O LINDA B. WESLEY
3322 KILMER DRIVE, P.O. BOX 1279
LAKELAND FL 33803

00063014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2166833

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WESLEY, LINDA B.
3322 KILMER DRIVE, P.O. BOX 1279
LAKELAND-FL-33803

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	WESLEY, DOUGLAS F III	
STREET ADDRESS	3322 KILMER DR	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	WESLEY, LINDA B	
STREET ADDRESS	3322 KILMER DR	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WESLEY, MEREDITH H	
STREET ADDRESS	3322 KILMER DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUG WESLEY	
STREET ADDRESS	3322 Kilmer Drive	
CITY-ST-ZIP	Lakeland, FL 33802	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelley Schuler	
STREET ADDRESS	3322 Kilmer Drive	
CITY-ST-ZIP	Lakeland, FL 33802	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONATHAN C. ANGIER II	
STREET ADDRESS	1727 TISDALE ST.	
CITY-ST-ZIP	Durham, NC 27705	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TREASURER
JONATHAN C. ANGIER II 4/27/01

Date

919
068-1660
Daytime Phone #

CR2E034 (10/00)