

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90025 022 ***150.00

DOCUMENT # F74306

1. Entity Name
HALL FERNERIES, INC.

Principal Place of Business % JERRY L HALL 2178 BANANA RD. GLENWOOD FL 32722	Mailing Address % JERRY L HALL P O BOX 220093 GLENWOOD FL 32722-0093 US
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2. Principal Place of Business Suite, Apt. #, etc. 2178 Banana St	3. Mailing Address Rt 2 Box 230-1 Suite, Apt. #, etc.
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City & State DeLand FL	City & State Mansfield MO
Zip 32720	Country USA
Zip 65704	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2179459	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, JERRY L
1950 MERCERS FERNERY RD
DELAND FL 32720

7. Name and Address of New Registered Agent

Name: **Jerry L. Hall**
 Street Address (P.O. Box Number is Not Acceptable): **2178 Banana St**
~~DeLand FL 32720~~
 City: **DeLand FL** Zip Code: **FL 32720**

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.

Address correct only

SIGNATURE: *[Signature]* DATE: **1-24-00**

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, 2000 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

TITLE DST NAME HALL, PHYLLIS E STREET ADDRESS 2178 BANANA RD. CITY-ST-ZIP GLENWOOD, FL 00000 <i>DeLand FL 32720</i>	<input type="checkbox"/> Delete
TITLE PD NAME HALL, JERRY L STREET ADDRESS 2178 BANANA RD. CITY-ST-ZIP GLENWOOD, FL 00000 <i>DeLand FL 32720</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DST NAME Hall Phyllis E STREET ADDRESS 2178 Banana St CITY-ST-ZIP DeLand Fl 32720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME Hall Jerry L. STREET ADDRESS 2178 Banana St CITY-ST-ZIP DeLand FL 32720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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]* DATE: **1-24-00** DAYTIME PHONE #: **417 924 2900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)