Feb 04, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Secretary of State F74306 1. Entity Name 02-04-2002 90162 014 ***150.00 HALL FERNERIES, INC. Principal Place of Business Mailing Address % JERRY L HALL % JERRY L HALL 2178 BANANA RD. RT 2 BOX 230-1 GLENWOOD FL 32722 Mansfield MO DELAND FL 32722 65704 2. Principal Place of Business 3. Mailing Address Jerry Hal Suite, Apt. #, etc. Rt 2 Box 230-1 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Manstield MD 59-2179459 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 65704 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HALL, JERRY L Street Address (P.O. Box Number is Not Acceptable) 2178 BANANA ST DELAND FL 32720 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition TITLE TITLE ☐ Delete DST NAME NAME HALL, PHYLLIS E STREET ADDRESS STREET ADDRESS 2178 BANANA RD. CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 ☐ Addition Change TITLE ☐ Delete TITLE PD NAME NAME HALL, JERRY L STREET ADDRESS STREET ADDRESS 2178 BANANA RD. CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 Delete TITLE Addition TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an add

Jerry Hall

ess, with all other like empowered