

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90032 040 ***150.00

DOCUMENT # G78936

1. Entity Name

BUD HALL INC.

Principal Place of Business

Mailing Address

1655 THE GREENS WAY
 #2711
 JACKSONVILLE FL 32250
 US

PO BOX 26896
 JACKSONVILLE FL 32226-6896
 US

811611



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

59-2381902

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

HALL, H M

~~10168 S GENI HILL CIRCLE~~ *1655 The Greens Way*
~~JACKSONVILLE FL 32225 # 2711~~
Jacksonville Beach, FL 32250

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	HALL, H.M.	
STREET ADDRESS	10168 GENI HILL CIRCLE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HALL, CHERIE ANN	
STREET ADDRESS	10168 S GENI HILLS CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HALL, HM	
STREET ADDRESS	1655 THE GREENS WAY #2711	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HALL, CHERIE A	
STREET ADDRESS	1655 THE GREENS WAY #2711	
CITY-ST-ZIP	JACKSONVILLE BCH 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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Herbert M. Hall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 8, 2000
 Date Daytime Phone #

CR2E034 (9/99)