

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H48940

1. Entity Name

HALLMARK QUALITY HOMES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90115 040 ***150.00

Principal Place of Business

Mailing Address

9413 NORTH PALAFOX ST., SUITE 2
PENSACOLA FL 32514

9413 NORTH PALAFOX ST., SUITE 2
PENSACOLA FL 32534-1218

2. Principal Place of Business

3. Mailing Address

10210 N. Palafox
Suite, Apt. #, etc.

10210 N. Palafox
Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

59-2488716

Applied For

Not Applicable

Zip

32534

Country

Zip

32534

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

KNODEL, L. FRED SR.
9413 NORTH PALAFOX ST., SUITE 2
PENSACOLA FL 32514

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 **PT** ☐ Delete
NAME **KNODEL, L. FRED SR.**
STREET ADDRESS **1105 SIGNAL HILL LANE**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10407 Rawlings Drive**
CITY-ST-ZIP **Pensacola, FL 32514**

TITLE **VS** ☐ Delete
NAME **KNODEL, FREDDY, JR.**
STREET ADDRESS **10419 RAWLINGSS DR**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

L. Fred Knodel, Sr. President 1-24-00 (850)479-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)