

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **J34835**

1. Entity Name
HALL'S INSURANCE AGENCY & INVESTMENT CORPORATION



**FILED
Mar 13, 2003 8:00 am
Secretary of State**

03-13-2003 90098 033 ***158.75

10038017



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**2700 NORTH MACDILL AVE., SUITE 113
P.O. BOX 8701
TAMPA FL 33607**

Mailing Address
**2700 NORTH MACDILL AVE., SUITE 113
P.O. BOX 8701
TAMPA FL 33607**

2. Principal Place of Business **-----** 3. Mailing Address **-----**

Suite, Apt. #, etc. **-----** Suite, Apt. #, etc. **-----**

City & State **-----** City & State **-----**

Zip **-----** Country **-----** Zip **-----** Country **-----**

4. FEI Number **59-2716211** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HALL, OSCAR
2700 NORTH MACDILL AVE
SUITE 113
TAMPA FL 33607**

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

**9. Election Campaign Financing
Trust Fund Contribution: \$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HALL, OSCAR 510 N. HIGHVIEW TER BRANDON FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BURNETT, ELOUISE 3005-28TH AVE. TAMPA FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST RANDOLPH-PADGETT, ELIZABETH H 425 AMANA AVE. BRANDON FL | <input type="checkbox"/> Delete | ST Randolph, Elizabeth H. 425 Amana Ave Brandon, FL 33510 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |

12. 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 10 or Block 11 if changed, or on an attachment with an address with all or like empowers.

SIGNATURE: *John H. Hall, Esq.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2003 813 874 8134

Date

Daytime Phone #

CR2E034 (10/02)