

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

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

03-13-2003 90098 033 ***158.75

DOCUMENT # J34835

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



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**

10038017



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2716211**

Applied For
Not Applicable

☐ CHECK HERE IF MAKING CHANGES

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, 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 **P** ☐ Delete
NAME **HALL, OSCAR**
STREET ADDRESS **510 N. HIGHVIEW TER**
CITY-ST-ZIP **BRANDON FL**

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

TITLE **VP** ☐ Delete
NAME **BURNETT, ELOUISE**
STREET ADDRESS **3005-28TH AVE.**
CITY-ST-ZIP **TAMPA FL**

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

TITLE **ST** ☐ Delete
NAME **RANDOLPH-PADGETT, ELIZABETH H**
STREET ADDRESS **425 AMANA AVE.**
CITY-ST-ZIP **BRANDON FL**

TITLE ☒ Change ☐ Addition
NAME **ST Randolph, Elizabeth H.**
STREET ADDRESS **425 Amana Ave**
CITY-ST-ZIP **Brandon, FL 33510**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 an authorized employee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2003

813 8748134

Daytime Phone #

CR2E034 (10/02)