FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J34835

1. Entity Name

Hall's Insurance Agency + Investment Coop

Amended

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 JUN 10 PM 1:59

500020939175
06/17/03--01065--029 **61.25

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2. Principal Place of Business	3. Mailing Address
2700 N MacDill Ave	PO Box 4268
Suite, Apt. #, etc: # 113	Suite, Apt. #, etc:
City & State: Tampa FL	City & State: Tampa FL
Zip: 33607 Country:	Zip: 33607 Country: USA

4. FEI Number: 592716211 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Elizabeth H Randolph-Padgett

Street Address (P.O. Box Number is Not Acceptable): 2700 N MacDill Ave # 113

City: Tampa FL Zip Code: 33607

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] DATE: 6/1/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is ~~$550.00~~
Amended UBR is $61.25
Make Check Payable to Florida Department of State

Amended

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

10. OFFICERS AND DIRECTORS

TITLE	P Delete	P Add.
NAME	Hall OSCAR	Burnett Elouise
STREET ADDRESS	2700 N MacDill Ave	2700 N MacDill Ave #113
CITY-ST-ZIP	Tampa, FL 33607	Tampa FL 33607
TITLE	VP Delete	
NAME	Burnett Elouise	
STREET ADDRESS	3005 22nd Ave	
CITY-ST-ZIP	Tampa FL	
TITLE	S T	
NAME	Randolph-Padgett, Elizabeth	
STREET ADDRESS	2700 N MacDill Ave #113	
CITY-ST-ZIP	Tampa FL 33607	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6/1/2003 813 876 0125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #