

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 12 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

044085 AV

DOCUMENT # J46972

1. Entity Name
HALLMARK INDUSTRIES, INC.



Principal Place of Business
19235 NORTH U.S. HWY. 41
LUTZ FL 33549

Mailing Address
19235 NORTH U.S. HWY. 41
LUTZ FL 33549



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 59-2749215

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, CARL
19235 US HWY 41 N
LUTZ FL 33549

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 PD
NAME ANDERSON, ELBERT C
STREET ADDRESS 19235 US 41 N
CITY-ST-ZIP LUTZ FL ☐ Delete

TITLE NAME
NAME 900019741479
STREET ADDRESS 05/22/03--01068--004 **800.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME PRITCHARD, PAUL
STREET ADDRESS 19235 US HWY 41 NO
CITY-ST-ZIP LUTZ FL ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 other like empowered.

SIGNATURE: Carl Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

Daytime Phone #

CR2E034 (10/02)