

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L13312

1. Entity Name

HALLMARK REALTY GROUP, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90023 011 ***150.00

Principal Place of Business

Mailing Address

9951 ATLANTIC BLVD.
SUITE 103
JACKSONVILLE BEACH FL 32225
US

P.O. BOX 50021
3010 THIRD STREET SOUTH SUITE A
JACKSONVILLE BEACH FL 32240-0021
US

2. Principal Place of Business

3. Mailing Address

9951 ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 103

City & State

City & State

JACKSONVILLE, FL

Zip

Country

Zip

Country

32225

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2977180

Applied For
Not Applicable

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

JAMIEL, JAMES
14408 RUM KEG COURT
SUITE A
JACKSONVILLE BECH FL 32224

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

JAMES A. JAMIEL *James A. Jamiel*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/2/99
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
JAMIEL, JAMES
14408 RUM KEG COURT
JACKSONVILLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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:

James A. Jamiel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/99
Date

904-720-0045
Daytime Phone #