

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90443 035 ***150.00

DOCUMENT # P00000012455

1. Entity Name

HALLMAN CONSULTING, INC.

Principal Place of Business

**10 SEAGRAPE CIRCLE
 CLEARWATER FL 33759**

Mailing Address

**4025 TAMPA RD
 1110
 OLDSMAR FL 34677**

2. Principal Place of Business

1924 Chesapeake CT

3. Mailing Address

15608 Berea Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Odessa, FL

4. FEI Number

59-3624478

Applied For

Not Applicable

Zip

Country

34677-2625 USA

Zip

Country

33556 USA

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

**KUTCHINS, BRYAN A
 3974 TAMPA ROAD
 OLDSMAR FL 34677**

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

MARLIN HALLMAN

(NOTE: Registered Agent signature required when reinstating)

4-9-02

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, 2002 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 **D** ☐ Delete
 NAME **HALLMAN, MARLIN**
 STREET ADDRESS **10 SEAGRAPE CIRCLE**
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **D** ☒ Change ☐ Addition
 NAME **HALLMAN, MARLIN**
 STREET ADDRESS **1924 Chesapeake Dr.**
 CITY-ST-ZIP **Oldsmar, FL 33556 34677-2625**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

MARLIN HALLMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

Date

(Donna Baptiste)
813-289-0782

Daytime Phone #

CR2E034 (9/01)