

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91091 018 ***150.00

DOCUMENT # P00000012455

1. Entity Name
HALLMAN CONSULTING, INC.



Principal Place of Business

1924 CHESAPEAKE CT

OLDSMAR FL 34677-2625

Mailing Address

15608 BEREADR

ODESSA FL 33556



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

15608 Berea Drive

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Odessa, FL

City & State

4. FEI Number

59-3624478

Applied For

☐ Not Applicable

Zip

33556

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KUTCHINS, BRYAN A

3974 TAMPA ROAD

OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name

Donna Baptiste

Street Address (P.O. Box Number is Not Acceptable)

15608 Berea Drive

City

Odessa

FL

Zip Code

33556

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 **Donna Baptiste, CPA**

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

(NOTE: Registered Agent signature required when reinstating)

3/9/03

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

TITLE **D** ☐ Delete
NAME **HALLMAN, MARLIN**
STREET ADDRESS **1924 CHESAPEAK DR**
CITY-ST-ZIP **OLDSMAR FL 34677-2625**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15608 Berea Drive**
CITY-ST-ZIP **Odessa, FL 33556**

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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: **McGATHE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-2003

Date

Daytime Phone #

CR2E034 (10/02)