FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Jul 10, 2002 8:00 am Secrétary of State DOCUMENT # P00000065823 1. Entity Name 07-10-2002 90192 003 ***150 00 N.J.HALE, INC. Principal Place of Business Mailing Address N J HALE . INC PO BOX 1933 200 SE CR 484 OCALA FL 34478-1933 OCALA FL 34480 2. Principal Place of Business 3. Mailing Address 87 TEAK RUX P. O BOX Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3659646 FLORIDA ORIDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NIGEL HALE. NIGEL Street Address (P.O. Box Number is Not Acceptable) 200 SE CR 484 OCALA FL 34482 TEAK RUN 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 age (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition HALE, NIGEL NAME NAME 200 CR>484 STREET ADDRESS STREET ADDRESS OCALA FL 34480 CJTY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition 7265106251 HALE NIGEL NAME NAME STREET ADDRESS 87 TEAK RUN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT. ☐ Delete TITLE ☐ Change Addition NAME F.HALE TOKE! HALE TOKE STREET ADDRESS STREET ADDRESS TEAK BUN CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Delete

- S. HALE

(352)-266-1706

☐ Addition

Daytime Phone #

R2E034 (4/02

all ashmed Doc # 70000661823

TO WHOM IT MAY CONCERN,
FROM MY BOOKEEPER MS. PRIOR WAS SENT TO THIS DEPARTMENT IN MARCH OF 2000.
TO THIS DEPARTMENT IN MARCH OF 2000.
MYON RECEIVING THIS CORPERPOLINATE WILL
- MANUERO ALLO
+MI_NOUR COMPUTEDS BELOODE THE
-4551 DUE DATE AND T DIDARGE DECICE
A UNIFORM BUSINESS REPORT FORM UNTIL
DULY IN XIPD - NO. 7 THE EER IS
#550 NOT \$150 FOR FILING BEFORE
A NEW DATE APPLIED TO THE
A NEW DATE APPLIED TO THE CHECK
AS I THINK IT IS FAIR THAT IF I HAD RESPONSE FROM YOU IT WOULD HAVE
BEEN TAVEN CARE OF IN A TIMELY
MATTER, AS WAS DONE IN THE
PREVIOUS VEAR-
PLEASE LET ME KNOW IF THIS
15 NOT SUFFICIENT.
alvail: Attale,
87 TEAK RUN
Strong Euro Scara Fl. 34472.