

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
 04-13-2001 90020 018 ***150.00

0405140

DOCUMENT # P00000085095

1. Entity Name
PAUL J. HALL ENTERPRISES, INC.

Principal Place of Business
**4232 53RD AVENUE WEST APT 2504
 BRADENTON FL 34210**

Mailing Address
**4232 53RD AVENUE WEST APT 2504
 BRADENTON FL 34210**

2. Principal Place of Business

3. Mailing Address
**5900 S. TAMiami TRAIL
 SUITE I**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Sarasota FL

4. FEI Number
65-1038011

Applied For
 Not Applicable

Zip

Country

Zip
34231 Country
USA

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

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
 941 FOURTH STREET #200
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name
CATHERINE L. ASTRONSKAS
 Street Address (P.O. Box Number is Not Acceptable)
**5900 S. TAMiami TRAIL
 SUITE I**
 City
Sarasota FL Zip Code
34231

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 *Catherine L. Astronskas* DATE 3-14-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	D / DIST HALL, PAUL J JR 4232 53RD AVENUE WEST APT 2504 BRADENTON FL 34210	<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)