FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT# P00000088195 -1. Entity Name 02 OCT 18 AM 9: 39 C. W. HALL, JR., P.A. SECRETARY OF STATE DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 8714 Lost Cove Drive 717 E. Oak Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO, FL KISSIMMEE, 593673596 FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32819 USA 34744 USA Fee Required 7. Name and Address of Current Registered Agent SWART, HARRY J. DO NOT WRITE Address (P.O. Box Number is Not Acceptable) **E. OAK STREET** IN THIS SPACE KISSIMMEE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS (12/01)D,P,S,T NAME HALL, CARL W. JR STREET ADDRESS STREET ADDRESS 8714 LOST COVE DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32819 -10/17/02--01088---006 TITLE ****150.00 ****150.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITHE IN THIS SPACE

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 eport 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an of the corporation or the receiver or trustee empowered to attachment with an address, with all other like empowered.

NAME

NAME

TITLE

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CITY-ST-ZIP TITLE

SIGNATURE:

11.

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SIGNATURE AND IGNING OFFICER OR DIRECTOR



SWART BAUMRUK & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS . BUSINESS & FINANCIAL CONSULTANTS

HARRY J. SWART, CPA ANDY J. BAUMRUK, CPA

October 2, 2002

Division of Corporations Department of State P.O. Box 6327 Tallahassee, FL 32314

RE: Annual Report

C. W. Hall, Jr., P.A.

To Whom It May Concern:

Our client, C. W. Hall, Jr., P.A., was incorporated on September 15, 2000. They never received their Uniform Business Report form in the mail and were not aware that a report had not been filed until a search was made on sunbiz.org.

Attached is a completed Annual Report for the year 2002 we prepared on their behalf and their payment of \$150.00. We ask that you abate the penalty for the reasons stated above. To ensure that report is received and filed in a timely manner, we have changed the mailing address of the corporation to our office.

Thank you for your consideration and we await your decision.

Sincerely,

Swart Baumruk & Company, LLP

Harry J. Swart, CPA

Enclosures

pd ek 531 \$ 150

10-8-05