

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90147 013 ***150.00

DOCUMENT # P00000107776

1. Entity Name

LUCY HALL ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

125 JOYCE LANE

Suite, Apt. #, etc.

3. Mailing Address

125 JOYCE LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

EAST PALATKA, FL.

City & State

EAST PALATKA, FL.

4. FEI Number

59-3681367

Applied For

☐ Not Applicable

Zip

32131

Country

Zip

32131

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LUCY HALL

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

125 JOYCE LANE

City

EAST PALATKA

FL

Zip Code

32131

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE DIRECTOR / PRESIDENT
NAME LUCY HALL
STREET ADDRESS
CITY - ST - ZIP 125 JOYCE LANE, E. PALATKA, FL.

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUCY HALL

4/24/02 328-3394

Date

Daytime Phone #

CR2E034B (12/01)