

FILED  
May 01, 2003 8:00 am  
Secretary of State

05-01-2003 90827 029 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P00000107776</b>			
1. Entity Name <b>LUCY HALL ENTERPRISES, INC.</b>			
Principal Place of Business 125 JOYCE LANE → <b>P.O. Box 795</b> EAST PALATKA, FL 32131		Mailing Address 125 JOYCE LANE → <b>P.O. Box 795</b> EAST PALATKA, FL 32131	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3681367</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>HALL, LUCY</b> 125 JOYCE LANE → <b>P.O. Box 795</b> EAST PALATKA, FL 32131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when registering)</small>			
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, LUCY 125 JOYCE LANE EAST PALATKA, FL 32131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>Lucy Hall</i> <i>Lucy Hall</i>		4/28/03 386-328-3394	

90119021



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)