APPROVED AND FILED

02 MAY 15 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P010000 53542

1. Entity Name: Mark Hall Homes, INC.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5305 Lenoir Ct<br>Suite, Apt. #, etc. | P.O. Box 4586<br>Suite, Apt. #, etc. |
| City & State: Plant City, FL | City & State: Plant City, FL |
| Zip: 33567 Country: USA | Zip: 33564-4586 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: ~~None~~ 59-3749127 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Hall, Mark A.

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

5305 Lenoir Ct.

City: Plant City FL Zip Code: 33567

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: Mark A. Hall DATE: 4-25-02

(Signature, type or printed name of agent, and if agent is a corporation, the signature and title of officer)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PP<br>Mark A. Hall<br>5305 Lenoir Ct<br>Plant City FL 33567 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>Mary L. Hall<br>5305 Lenoir Ct<br>Plant City FL 33567 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 100005692721--2<br>-06/05/02--01058--003<br>****158.75 ****158.75 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **DO NOT WRITE IN THIS SPACE** |
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CR2E034B (12/01)

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: Mark A. Hall 4-25-02 (813) 716-2323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #