## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 05, 2003 8:00 am Secretary of State

DOCUMENT # P010000 7300Y  1. Entity Name	Secretary of State 05-05-2003 90125 027 ***150.00
103 HALL, INC.	
DO NOT WRITE IN THIS SI	PACE
2. Principal Place of Business  \$245 NW 1035T, 4475 N, Suite, Apt. #, etc.  Suite, Apt. #, etc.	UNIVERLITY DR. DO NOT WRITE IN THIS SPACE
City & State  Country  Zip  Country  Zip	Country
33016 July Alan 33351	Fee Required
	7. Name and Address of Current Registered Agent Name
DO NOT WRITE  IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable)  ACCEPTATION OF THE RESERVE OF	
	City LAURENHU FL Zip Code 33357
8. The above named entity stybmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	
SIGNATURE  Signature type or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  H2.5 (3.3)  DATE	
Tax filing requirement and elects to do so.  After May Amende	10. Election Campaign Financing \$5.00 May Be d UBR is \$61.25 Trust Fund Contribution.
11. OFFICERS AND DIRECTORS	
TITLE PRESIDENT  NAME  STREET ADDRESS  4475 N. UNIVERSITY DR.  CITY-ST-ZIP  LANDERHILLY FL 33351	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP
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43 I have by partiful that the information outselfed with this filling does not available.	the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information by signature shall have the same legal effect as if made under oath; that I am an officer or director

3. I hereby certify that the information supplied with this filling 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 otherable empowered.

**SIGNATURE:** 

MALIN WILL JUITH KULHNISH PRES.
GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12503 954-746-450 Date Daytime Phone #