FILED
Jun 25, 2003 8:00 am
Secretary of State
05-05-2003 91165 024 ***150.00

5/5

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000107872

1. Entity Name
J. HALL & ASSOCIATES, INC.

55049830

[redacted]

Principal Place of Business	Mailing Address
P.O. BOX 795 AVON PARK FL 33826	P.O. BOX 795 AVON PARK FL 33826

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2228 West Reed RD	P.O. Box 795
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Avon Park, FL.	City & State: Avon Park, FL
Zip: 33825 Country: Highlands	Zip: 33826-0795 Country: Highlands

4. FEI Number: 43-1951782 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALL, JAMES 2228 W REED RD AVON PARK FL 33825	Name: James Hall Street Address (P.O. Box Number is Not Acceptable): 2228 WEST REED ROAD City: AVON PARK FL Zip Code: 33825

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: [signature] President 6-1-03
(Signature, typed or printed name of Registered Agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	P HALL, JAMES P.O. BOX 795 AVON PARK FL 33826 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President James Hall P.O. Box 795 Avon Park, FL. 33826-0795 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E004 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-15-03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #