

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 11 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90536

DOCUMENT # **PO1000119415**

1. Entity Name
HALL MARK Portable Buildings, Inc.

Principal Place of Business
C/O WILLIAM SCOTT FOSTER
809 MAR WALT DR. STE. 1014
FT. WALTON BEACH FL 32547

Mailing Address
C/O WILLIAM SCOTT FOSTER
809 MAR WALT DR. STE. 1014
FT. WALTON BEACH FL 32547

2. Principal Place of Business
C/O Jacky Grant

3. Mailing Address
C/O Jacky Grant

State, Apt. #, etc.
2841 Hwy 90
City & State
Ponce de Leon Fl.

Subs. Apt. #, etc.
P.O. Box 337
City & State
Ponce de Leon Fl.

Zip
32455

Country
Holmes

Zip
32455

Country
Holmes

4. FEI Number
30-0046672

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOSTER, WILLIAM S
809 MAR WALT DR., STE. 1014
FT. WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name **JACKY L. GRANT**

Street Address (P.O. Box Number is Not Acceptable)
~~P.O. Box 337~~

2841 Hwy 90

City **Ponce de Leon**

FL

Zip Code
32455

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 *Jacky Grant*

(NOTE: Registered Agent signature required when reinstating)

DATE
4-29-02

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

PLEASE NOW PAY FEES \$60.00
ANNUALLY (See Website: www.dor.state.fl.us)
March 15, 2002 Payment of 3/15/02

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **D** NAME: **HALL, JUDAE** Delete
STREET ADDRESS: **PO BOX 337**
CITY-ST-ZIP: **PONCE DE LEON FL 32455**

TITLE: **D** NAME: **HALL, PATRICK LEE** Delete
STREET ADDRESS: **PO BOX 337**
CITY-ST-ZIP: **PONCE DE LEON FL 32455**

TITLE: **President** NAME: **JACKY GRANT** Delete
STREET ADDRESS: **P.O. Box 337**
CITY-ST-ZIP: **Ponce de Leon FL 32455**

TITLE: **Director** NAME: **MARGARET T GRANT** Delete
STREET ADDRESS: **P.O. Box 337**
CITY-ST-ZIP: **Ponce de Leon FL 32455**

TITLE: NAME: Delete
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: NAME: Delete
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: NAME: Change Addition
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TITLE: NAME: Change Addition
STREET ADDRESS:
CITY-ST-ZIP:

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jacky Grant*
SIGNATURE REQUIRED
Signature and typed or printed name of officer or director
President
DATE: **4-29-02**

Daytime Phone # **(850) 836-4545**

CR2002 (9/01)