

5/20

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-20-2002 90049 038 ***150.00

DOCUMENT # P01000120002

1. Entity Name

HALL'S HARDWARE OF PONCE DE LEON, INC.

Principal Place of Business

C/O WILLIAM SCOTT FOSTER
 909 MAR WALT DR., STE. 1014
 FT. WALTON BEACH FL 32547

Mailing Address

C/O WILLIAM SCOTT FOSTER
 909 MAR WALT DR., STE. 1014
 FT. WALTON BEACH FL 32547

2. Principal Place of Business

C/O Jacky Grant
 Suite, Apt. #, etc.
1573 Hwy 90

City & State

Ponce de Leon FL

Zip

32455

Country

Holmes

3. Mailing Address

C/O Jacky Grant
 Suite, Apt. #, etc.
P.O. Box 337

City & State

Ponce de Leon FL

Zip

32455

Country

Holmes

DO NOT WRITE IN THIS SPACE

4. FEI Number

90-0005910

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
 909 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~~
1573 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*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

6-6-02

DATE

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

FILE NOW!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **D** ☒ Delete
 NAME **HALL, JULIA F**
 STREET ADDRESS **PO BOX 337**
 CITY-ST-ZIP **PONCE DE LEON FL 32455**

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JACKY GRANT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

(850) 836-4545

Daytime Phone #

CR2E034 (9/01)