

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90181 010 \*\*\*150.00

**DOCUMENT # P01000120002**

**1. Entity Name**  
**HALL'S HARDWARE OF PONCE DE LEON, INC.**



**Principal Place of Business**  
**C/O JACKY GRANT**  
**1573 HWY 90**  
**PONCE DE LEON FL 32455**

**Mailing Address**  
**C/O JACKY GRANT**  
**1573 HWY 90**  
**PONCE DE LEON FL 32455**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 90-0005910**

Applied For  
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GRANT, JACKY**  
**C/O JACKY GRANT**  
**PONCE DE LEON FL 32455**

Name

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

City

**FL**

Zip Code

**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**

*Jacky Grant*  
Signature, type or printed name of registered agent and title if applicable.

**JACKY GRANT**

(NOTE: Registered Agent signature required when reinstating)

**4-8-03**

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

**TITLE** **D.** ☒ Change ☐ Addition  
**NAME** **MARGARET T. GRANT**  
**STREET ADDRESS** **P.O. Box 337**  
**CITY-ST-ZIP** **Ponca 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** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **P** ☐ Delete  
**NAME** **GRANT, JACKY**  
**STREET ADDRESS** **PO BOX 337**  
**CITY-ST-ZIP** **PONCE DE LEON FL 32455**

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

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

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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:**

*Jacky Grant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-03**

**(850) 836-4455**

Date

Daytime Phone #

CR2E034 (10/02)