

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90105 012 ***150.00

0124909 AT

DOCUMENT # P02000025086

1. Entity Name
HAL SMITH CO.



Principal Place of Business
**21 RUBY COVE
DESTIN FL 32550**

Mailing Address
**21 RUBY COVE
DESTIN FL 32550**



2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

71-0872969

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SMITH, HAL
21 RUBY COVE
DESTIN FL 32550**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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
**D
SMITH, HAL
21 RUBY COVE
DESTIN FL 32550** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-654-8587
8-29-03

CR2E03 (4/03)

Attachment

80144775
PO2000025086
8/29/2003

**TO: Florida Department of State
Secretary of State
Divisions of Corporations**

**FROM: Hal Smith Co.
PO2000025086**

SUBJECT: UBR Filing Fee Waiver

The above corporation never received prior notice of any year 2003 UBR filing requirement. Therefore, and as noted in the "Frequently Asked Questions" section of the recently provided UBR, please waive any late fee and accept a \$150.00 corporate check enclosed as the total filing requirement for the above corporation.

Hal Smith, President

Hal Smith CO