

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 12, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90409 020 \*\*\*150.00

DOCUMENT # P02000095010

1. Entity Name  
HALLS CRAFTS & IRONWORKS, INC.

Principal Place of Business  
640 SEA TURTLE WAY  
PLANTATION FL 33324

Mailing Address  
640 SEA TURTLE WAY  
PLANTATION FL 33324

55047926

2. Principal Place of Business

640 SEA TURTLE WAY

3. Mailing Address

SAME 640 SEA TURTLE WAY

☒ CHECK HERE IF MAKING CHANGES

City & State

Plantation FL

City & State

Plantation FL

4. FEI Number

020640548

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

33324

Country

USA

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

BARKER, LAUREN F

4244 ST. JOHNS AVE  
JACKSONVILLE FL 32202  
JAX, FL 32210

Name

BARKER, LAUREN

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

4244 ST JOHNS AVE

City

JAX, FL.

FL

Zip Code

32210

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

*Holly Sherry*

(NOTE: Registered Agent signature required when reinstating)

4/24/03

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

TITLE D  
NAME SHERBERG, HOLLIS  
STREET ADDRESS 640 SEA TURTLE WAY  
CITY-ST-ZIP PLANTATION FL 33324

☐ Delete

TITLE D  
NAME SHERBERG, LARRY  
STREET ADDRESS 640 SEA TURTLE WAY  
CITY-ST-ZIP PLANTATION FL 33324

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
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:

*Holly Sherry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

DATE

9544747273

Daytime Phone #

CR2E034 (10/02)