

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000003934

1. Entity Name

HALL'S LOT & LAND CLEARING, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90008 002 ***150.00

0487789

Principal Place of Business

Mailing Address

1006 APPLE ST
FT. PIERCE FL 34950

1006 APPLE ST
FT. PIERCE FL 34950

2. Principal Place of Business

9285 106th AVE.

3. Mailing Address

9285 106th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Vero Beach, Fla.

Vero Beach, Fla.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0389517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

32967 Indian River

32967 Indian River

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, ROBERT L
1006 APPLE ST
FT. PIERCE FL 34950

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
HALL, ROBERT L
1006 APPLE ST
FT. PIERCE FL 34950 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
HALL, SUE A
1006 APPLE ST
FT. PIERCE FL 34950 ☐ Delete

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

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

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:

Sue A. Hall

SUE A. HALL

4-24-2001

561-581-4477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)