

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069476

1. Entity Name

T.J. HALL DIGGING AND WELDING, INC.

FILED

Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90035 015 ***150.00

Principal Place of Business

Mailing Address

916 PALMETTO STREET
NEW SMYRNA BEACH FL 32168

916 PALMETTO STREET
NEW SMYRNA BEACH FL 32168-7425

2. Principal Place of Business

3. Mailing Address

914 Palmetto Street

P.O. Box 1364

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

City & State

Geneva, FL

Zip

32168

Country

Volusia

Zip

32732

Country

Seminole

4. FEI Number

59-3273602

Applied For

Not Applicable

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

HALL, THOMAS J III
916 PALMETTO STREET
NEW SMYRNA BEACH FL 32168

Name

Zadah V. Chapman

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

805 Winona Dr.

City

Geneva

FL

Zip Code

32732

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

Zadah V. Chapman

3-17-2000

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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, THOMAS J III	
STREET ADDRESS	916 PALMETTO STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zadah V. Chapman	
STREET ADDRESS	805 Winona Drive	
CITY-ST-ZIP	Geneva, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Zadah V. Chapman

March 17, 2000

(407) 349-9613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)