

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000088083

1. Entity Name

HALLSTROM PROPERTIES, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90075 001 ***150.00

Principal Place of Business

1723 S.W. OLD DIXIE HWY
 VERO BEACH FL 32962
 US

Mailing Address

1723 S.W. OLD DIXIE HWY
 VERO BEACH FL 32962-6606
 US

2. Principal Place of Business

3603 JUAN ORTIZ CIR

Suite, Apt. #, etc.

3. Mailing Address

3603 JUAN ORTIZ CIR

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL 34947

City & State

FORT PIERCE, FL 34947

Zip

34947

Country

USA

Zip

34947

Country

USA

4. FEI Number

65-0546921

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

TREFELNER, CYNTHIA H
 1723 S.W. OLD DIXIE HWY
 HALLSTROM PROPERTIES INC
 VERO BEACH FL 32962

Name

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

3603 JUAN ORTIZ CIRCLE

City

FORT PIERCE

FL

Zip Code

34947

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

Gail H. Flesche

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

(NOTE: Registered Agent signature required when reinstating)

2-23-00

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, 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	DP	<input checked="" type="checkbox"/> Delete
NAME	HALLSTROM, RUTH	
STREET ADDRESS	1723 SW OLD DIXIE HWY	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	FLESCHE, GAIL H	
STREET ADDRESS	5554 LAKE RIDGE DRIVE	
CITY-ST-ZIP	BRIGHTON MI	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TREFELNER, CYNTHIA H	
STREET ADDRESS	1723 S.W. OLD DIXIE HWY	
CITY-ST-ZIP	VERO BEACH FL	
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	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANNE RADEBAUGH	
STREET ADDRESS	1495 ARDEN DRIVE	
CITY-ST-ZIP	LINCOLNTON, NC 28092	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3603 JUAN ORTIZ CIRCLE	
STREET ADDRESS	FORT PIERCE, FL. 34947	
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:

Gail H. Flesche

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-23-00

Daytime Phone #

(561) 465-8767

CR2E034 (9/99)