

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90057 008 ***150.00

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DOCUMENT # P95000024120

1. Entity Name

HALL INSURANCE AGENCY, INC.

Principal Place of Business

**8317 FRONT BEACH RD.
SUITE 17-C
PANAMA CITY FL 32407-4867**

Mailing Address

**8317 FRONT BEACH RD
SUITE 17-C
PANAMA CITY FL 32407-4867**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3309910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HALL, KEITH S
1118 HARVARD BLVD.
LYNN HAVEN FL 32444**

7. Name and Address of New Registered Agent

Name

Hall, Keith S

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

8317 Front Beach Road, Suite 17C

City

Panama City Beach

FL

Zip Code
32407

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, 2002 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

TITLE **P** ☐ Delete
NAME **HALL, KEITH S**
STREET ADDRESS **415 MAGNOLIA AVE.**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **ST** ☐ Delete
NAME **HALL, NEZ T**
STREET ADDRESS **1118 HARVARD BLVD.**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Hall, Keith S**
STREET ADDRESS **8317 Front Beach Road, Suite 17C**
CITY-ST-ZIP **Panama City Beach, FL 32407**

TITLE **ST** ☒ Change ☐ Addition
NAME **Hall, Nez T**
STREET ADDRESS **8317 Front Beach Road, Suite 17C**
CITY-ST-ZIP **Panama City Beach, FL 32407**

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)