

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State
 04-25-2000 90089 003 ***150.00

DOCUMENT # P95000049957

1. Entity Name

HALLMARK ENTERPRISES INC.

Principal Place of Business

Mailing Address

6304 BENJAMIN RD
 #506-A
 TAMPA FL 33634
 US

6304 BENJAMIN RD
 #506-A
 TAMPA FL 33634-5128
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3328114**

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

HALLMARK, LINDA
9206 BAY CLUB CT
TAMPA FL 33607

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

Linda Hallmark

4/17/00

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, 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	P	<input type="checkbox"/> Delete
NAME	HALLMARK, LINDA	
STREET ADDRESS	9206 BAY CLUB CT	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALTHER, DENICE	
STREET ADDRESS	1346 MATIMILIAN DR	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALLMARK, JIM C	
STREET ADDRESS	9206 BAY CLUB CT	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	S	<input type="checkbox"/> Delete
NAME	HALLMARK, CHAD	
STREET ADDRESS	9408 LAKE PLACE LN	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HALLMARK, JASON	
STREET ADDRESS	9206 BAY CLUB CT	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
STREET ADDRESS	1346 MAXIMILIAN DR.
CITY-ST-ZIP	
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	
STREET ADDRESS	9006 Spring Garden way
CITY-ST-ZIP	TAMPA, FL. 33626
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:

Linda Hallmark

4/17/00

813-806-0386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)