## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## DOCUMENT # P9600003537 Aug 09, 2000 8:00 am Secretary of State 1. Entity Name HALLAM ENTERPRISES, INC. 08-09-2000 90082 038 \*\*\*558.75 Principal Place of Business Mailing Address 1917 CLUB HOUSE RD 1917 CLUB HOUSE RD LAKELAND FL 33803 LAKELAND FL 33803 TALAIUUN 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0635406 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent -- 6.- Name and Address of Current Registered Agent Name KELLY, T P JR Street Address (P.O. Box Number is Not Acceptable) 111 E MADISON ST SUITE 2300 **TAMPA FL 33602** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 -9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Change ☐ Delete TITLE TITLE BORSCH, MARY H NAME NAME 2507 N 61ST PLACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP SCOTTSDALE AZ 85257-1915 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE KELLY, T P JR NAME NAME 111 E MADISON ST SUITE 2300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 the execute empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if