

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096402

1. Entity Name

HALLMART INTERNATIONAL, INC.

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90061 015 ***150.00

Principal Place of Business Mailing Address
C/O WILLIAM J. HALL C/O WILLIAM J. HALL
~~20 RABBITS RUN~~ ~~20 RABBITS RUN~~
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418

2. Principal Place of Business 3. Mailing Address
8227 Lakeview Dr. 7100-39 Fairway Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.
PMB 125A

City & State City & State
West Palm Beach, FL Palm Beach Gardens, FL
Zip Country Zip Country
33412 USA 33418 USA

4. FEI Number 65-0717575 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HALL, WILLIAM J
~~20 RABBITS RUN~~ 7100-39 FAIRWAY Dr. PMB125A
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent
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 [Signature] (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, 2001 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	DPTS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, WILLIAM J		NAME		
STREET ADDRESS	20 RABBITS RUN 7100-39 Fairway Dr. PMB125A		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] Wm J. HALL President 01/19/01 561-694-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)