

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90151 013 \*\*\*150.00

**DOCUMENT # P97000077538**

1. Entity Name  
**G. L. HALL, INC.**

Principal Place of Business

**7193 MITCHELL RD.  
 BROOKSVILLE FL 34601**

Mailing Address

**7193 MITCHELL RD.  
 BROOKSVILLE FL 34601**

2. Principal Place of Business

**9298 Grove Rd.**

3. Mailing Address

**9298 Grove Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Brooksville, FL.**

City & State

**Brooksville, FL.**

4. FEI Number

**59-3467030**

Applied For

Not Applicable

Zip

Country

**34613**

Zip

Country

**34613**

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

**HALL, BARBARA  
 7193 MITCHELL RD.  
 BROOKSVILLE FL 34601**

Name

**Barbara Hall**

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

**9298 Grove Rd.**

City

**Brooksville**

FL

Zip Code

**34613**

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

*Barbara A. Hall*

**2/1/2002**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	HALL, BARBARA	
STREET ADDRESS	7193 MITCHELL RD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	P	<input type="checkbox"/> Delete
NAME	HALL, GORDON L	
STREET ADDRESS	7193 MITCHELL RD.	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMELKO, ALAN	
STREET ADDRESS	15010 VICKI LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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:

*Barbara A. Hall*

**Barbara Hall 2/1/2002**

**352 - 796-0277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)