

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90199 026 \*\*\*150.00

04/16/03 150.00

**DOCUMENT # P98000006183**

1. Entity Name  
**C.B. HALE, P.A.**



Principal Place of Business  
**9955 NW 116TH WAY  
STE 8  
MIAMI FL 33178**

Mailing Address  
**9955 NW 116TH WAY  
STE 8  
MIAMI FL 33178**



2. Principal Place of Business  
**4237 Salisbury Rd**

3. Mailing Address  
**Curtis B. Hale  
11856 Gran Crique Ct S  
Jacksonville, FL 32223**

Suite, Apt. #, etc.  
**Blk 41, Suite 109**

City & State  
**Jacksonville, FL**

Zip  
**32216**

Country  
**DAVAL**

Zip  
**32216**

Country  
**DAVAL**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0813516** 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

**HALE, CURTIS B  
9000 REGENCY SG BLVD, SUITE 202  
STE 8  
JACKSONVILLE FL 32211**

Name  
**Curtis B. Hale**  
Street Address  
**11856 Gran Crique Ct S  
Jacksonville, FL 32223**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/14/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HALE, CURTIS B  
9000 REGENCY SG BLVD, SUITE 202  
JACKSONVILLE FL 32211** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Curtis B. Hale  
11856 Gran Crique Ct S  
Jacksonville, FL 32223** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 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

**4/14/03**

Date

Daytime Phone #

CR2E034 (10/02)