

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90074 018 ***150.00

0049664 AV

DOCUMENT # P98000009564

1. Entity Name

HALL QUEEN FLEET, INC.

Principal Place of Business

**5550 N. LAGOON DR
 PANAMA CITY BEACH FL 32408**

Mailing Address

**8501 N. LAGOON DRIVE.#403
 PANAMA CITY BEACH FL 32408**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3493917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HALL, SUSAN
 8501 N. LAGOON DRIVE,#403
 PANAMA CITY BEACH FL 32408**

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, 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

TITLE : **VD** ☐ Delete
 NAME : **HALL, SUSAN**
 STREET ADDRESS : **8501 N. LAGOON DRIVE,#403**
 CITY-ST-ZIP : **PANAMA CITY BEACH FL 32408**

TITLE : **PD** ☐ Delete
 NAME : **HALL, RONALD**
 STREET ADDRESS : **8501 N. LAGOON DRIVE,#403**
 CITY-ST-ZIP : **PANAMA CITY BEACH FL 32408**

TITLE : ☐ Delete
 NAME :
 STREET ADDRESS :
 CITY-ST-ZIP :

TITLE : ☐ Delete
 NAME :
 STREET ADDRESS :
 CITY-ST-ZIP :

TITLE : ☐ Delete
 NAME :
 STREET ADDRESS :
 CITY-ST-ZIP :

TITLE : ☐ Delete
 NAME :
 STREET ADDRESS :
 CITY-ST-ZIP :

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE : ☐ Change ☐ 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: *Susan Hall* **SUSAN HALL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02

Date

850-235-1518

Daytime Phone #

CR2E034 (9/01)