## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT#

P98000028372

1. Entity Name

HALLMARK SOUTH, INC.



FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90214 045 \*\*\*150.00

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Principal Place of Business 1700 S. DIXIE HWY ST. 400 BOCA RATON FL 33432			1700 ST. 4	Mailing Address 1700 S. DIXIE HWY ST. 400 BOCA RATON FL 33432										
2. Principal Place of Business			3. Mai	3. Mailing Address						<b>           </b>			1 <b>561 19159</b> 8148	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City	City & State			4	1 654835151					Applied For Not Applicable	
Zip Country		Zip	Zip		Country		. Certificat	e of Status	s Desired	a		<b>\$8.75</b> Ad Fee Requir	dditional ed	
	6. Name	and Address of Curr	ent Registere	ed Agent			7.	. Name an	d Addres	s of Nev	v Regis	tered A	Agent	
HALL, ROGER E						Name Street Address (P.O. Box Number is Not Acceptable)								
1700 S. D	IXIE HWY			-			Super Address (1.0. Dox Humber is Not Addeptable)							
ST 400														
BOCA RATON FL 33432						City						FL	Zip Co	de
	named entit ions of regist	y submits this statemer ered agent.	nt for the purp	ose of changing its	registere	d office or re	gistered a	agent, or b	oth, in the	State of	Florida.	I am f	amiliar with	n, and accept
SIGNATURE .	Signature, typed	or printed name of registered a	gent and title if app	olicable. (NOTE	: Registered	Agent signature r	equired whe	en reinstating)				DATE		
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550. o Florida Departmen		of State				4	lection Ca rust Fund			ng [		00 May Be ed to Fees
10. OFFICERS AND			ND DIRECTO	D DIRECTORS 11.			,	ADDITIONS	CHANG	ES TO C	FFICER	S AND	DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		GER E IXIE HWY, ST 400 TON FL 33432		☐ Delete		i							☐ Change	Addition
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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

1/24/03

<u>561-362-5234</u>

Daytime Phone #

3R2E034 (10/0