

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/

DOCUMENT # P98000067890

1. Entity Name

HALL HOME IMPROVEMENT, INC.

Principal Place of Business

9381 54TH WAY NORTH  
PINELLAS PARK FL 33782

Mailing Address

9381 54TH WAY NORTH  
PINELLAS PARK FL 33782-5110

2. Principal Place of Business

721 ORCHID LAKE RD

Suite, Apt. #, etc.

3. Mailing Address

721 ORCHID LAKE RD

Suite, Apt. #, etc.

City & State

NEWPORT RICHEY

Zip

34653

Country

PASCO

City & State

NEWPORT RICHEY

Zip

34653

Country

PASCO

4. FEI Number

65-0856032

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, NEIL F ESO  
705 EAST KENNEDY BOULEVARD  
TAMPA FL 33602

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
HALL, STELLA  
33 CHANDOS ROAD  
NEWBURY, BERKSHIRE, UK ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
HALL, MARTYN  
33 CHANDOS ROAD  
NEWBURY, BERKSHIRE, UK ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28/1/00

Daytime Phone #

**FILED**  
**Aug 09, 2000 8:00 am**  
**Secretary of State**

06-23-2000 90104 047 \*\*\*150.00

08-09-2000 90087 012 \*\*\*408.75



DO NOT WRITE IN THIS SPACE

C-REC-014 (8/00)