

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90497 050 ***150.00

DOCUMENT # P98000080052

1. Entity Name
ROBERT M. HALL, II, INC.

Principal Place of Business
 2656 NE 35 STREET
 FT. LAUDERDALE FL 33306

Mailing Address
 2656 NE 35 STREET
 FT. LAUDERDALE FL 33306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 3600 N.E. 25 AVE. 3600 N.E. 25 AVE.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Ft. Lauderdale, FL Ft. Lauderdale, FL
Zip **Country** **Zip** **Country**
 33308 U.S.A. 33308 U.S.A.

4. FEI Number **65-0861969** **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HALL, ROBERT M
 2656 NE 35 STREET
 FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name **JAMES B. Hall**
Street Address (P.O. Box Number is Not Acceptable)
 3600 N.E. 25th Ave.
City **FL** **Zip Code** **33308**

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 *James B. Hall* **James B. Hall, Director** **4/19/02**
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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HALL, ROBERT M III	
STREET ADDRESS	2656 NE 35 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33506	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, Robert M. II	
STREET ADDRESS	26 Hillcrest Ave.	
CITY-ST-ZIP	Erdenheim, PA 19038	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES B. HALL	
STREET ADDRESS	3600 N.E. 25 AVENUE	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
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		
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: *Robert M. Hall II* **REQUIRED** **Robert M. Hall II** **4/19/02** **229-2930818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)