

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000081077**

1. Entity Name

HALLSTROM ENTERPRISES, INC.**FILED****Mar 26, 2001 8:00 am**
Secretary of State

03-26-2001 90075 003 ***150.00

Principal Place of Business

**1723 S.W. DIXIE HIGHWAY
VERO BEACH FL 32962**

Mailing Address

**1723 S.W. DIXIE HIGHWAY
VERO BEACH FL 32962**

2. Principal Place of Business

7008 Coquina Avenue

3. Mailing Address

7008 Coquina Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Pierce, FLCity & State
Fort Pierce, FL4. FEI Number **65-0864989**

Applied For

Not Applicable

Zip
34951-1256Country
St. LucieZip
34951-1256Country
St. Lucie5. 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****FOWLER, MICHAEL D ESQ
311 SOUTH 2ND STREET SUITE 200
FT. PIERCE FL 34950**

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HALLSTROM RADEBAUGH, DIANE
1495 ARDEN DRIVE
LINCOLNTON NC 28092** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SKOW, ROSEMARY
7008 COQUINA AVE
FT PIERCE FL 34951** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**-VD
HALLSTROM, NELS E
1431 BAYSHORE DRIVE
FORT PIERCE FL 34949** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TREFELNER HALLSTROM, CINDY
3603 JUAN ORTIZ CIRCLE
FORT PIERCE FL 34947** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
FLESCHE, GAIL H
5554 LAKE RIDGE DRIVE
BRIGHTON MI 48116** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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

Date

Daytime Phone #

CR2E034 (10/00)