

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90066 025 \*\*\*158.75

**DOCUMENT # P98000083327**

1. Entity Name

**HALL ADVERTISING, INC.**

Principal Place of Business

Mailing Address

BOX 140075  
 GABLES FL 33114

P.O. BOX 140075  
 CORAL GABLES FL 33114-0075

2. Principal Place of Business

3. Mailing Address

P.O. Box 4485

P.O. Box 4485

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BEACH

BOYNTON BEACH

Zip

Zip

Country

Country

33424

33424

U.S.

U.S.

FLORIDA

FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, MADELYN  
 540 SW 72ND COURT  
 MIAMI FL 33144-2735

Name MADELYN HALL

Street Address (P.O. Box Number is Not Acceptable)

2600 GAVE South Lot 46

City LAKE WORTH

FL

Zip Code

33461

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

Madelyn Hall

MARCH 31-00

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	P	<input type="checkbox"/> Delete
NAME	HALL, MADELYN	
STREET ADDRESS	540 SW 72ND COURT	
CITY-ST-ZIP	MIAMI FL 33144	
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, MADELYN	
STREET ADDRESS	2600 GAVESouth, #46	
CITY-ST-ZIP	LAKE WORTH, FL. 33461	
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		
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:

Madelyn Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 31-00

Date

561-493-1475

Daytime Phone #

CR2E034 (9/99)