

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008801

1. Entity Name

HANLON ACOUSTICAL CEILINGS, INC.

Principal Place of Business

3780 TAMPA ROAD
STE 107
OLDSMAR FL 34677

Mailing Address

3780 TAMPA ROAD
STE 107
OLDSMAR FL 34677

2. Principal Place of Business

101 DUNBAR AVE

Suite, Apt. #, etc.

STE. D

City & State

OLDSMAR FL

Zip

34677

Country

USA

3. Mailing Address

101 DUNBAR AVE

Suite, Apt. #, etc.

STE. D

City & State

OLDSMAR FL

Zip

34677

Country

USA

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90089 047 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3554462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, JOHN A
334 E LAKE ROAD STE 260
PALM HARBOR FL 34685

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, 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

TITLE P
NAME HALL, VANITA
STREET ADDRESS 110 GREENHAVEN TRAIL
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE VP
NAME HALL, JOHN A
STREET ADDRESS 110 GREENHAVEN TRAIL
CITY-ST-ZIP OLDSMAR FL 34677 ☐ 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

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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:

John A. Hall JOHN A. HALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

Date

(813) 855 3913

Daytime Phone #

CR2E034 (10/00)