

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2000 08:00 AM
Secretary of State

DOCUMENT # P99000014756

1. Entity Name
 FINLEY H. HALL AND ASSOCIATES, INC.

Principal Place of Business 320 NORTH 6TH STREET FLAGLER BEACH FL 32136	Mailing Address 320 NORTH 6TH STREET FLAGLER BEACH FL 32136
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2. Principal Place of Business 116 LEHIGH AVE	3. Mailing Address 116 LEHIGH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State FLAGLER BEACH FL	City & State FLAGLER BEACH FL
Zip 32136	Country

4. FEI Number 59-3559597	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. 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

HALL FINLEY H
 320 NORTH 6TH STREET
 FLAGLER BEACH FL 32136

Name HALL FINLEY H
Street Address (P.O. Box Number is Not Acceptable) 116 LEHIGH AVE
City FLAGLER BEACH FL Zip Code 32136

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 **FINLEY H. HALL**

04/30/2000

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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSTD <input type="checkbox"/> Delete	T.TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	HALL FINLEY H	NAME	HALL FINLEY H				
STREET ADDRESS	320 NORTH 6TH STREET	STREET ADDRESS	116 LEHIGH AVE				
CITY-ST-ZIP	FLAGLER BEACH FL 32136	CITY-ST-ZIP	FLAGLER BEACH FL 32136				
TITLE	<input type="checkbox"/> Delete	T.TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	T.TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
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NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		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: Finley H. Hall

PSTD: 04/30/2000