

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017154

1. Entity Name

J. HALL, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90098 020 ***150.00

Principal Place of Business

2532 PGA BLVD.
 PALM BEACH GARDENS FL 33410

Mailing Address

2532 PGA BLVD.
 PALM BEACH GARDENS FL 33410-2904

2. Principal Place of Business

2632 PGA Blvd

Suite, Apt. #, etc.

3. Mailing Address

2632 PGA Blvd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens FL

4. FEI Number

65 089 6993

Applied For

Not Applicable

Zip

Country

33410

USA

Zip

Country

33410

USA

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, JOANNE
 2555 PGA BLVD. #154
 PALM BEACH GARDENS FL 33410

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

X

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 ☐ Delete
 NAME President
 STREET ADDRESS Joann Hall
 CITY-ST-ZIP 2632 PGA Blvd.
 Palm Beach Gardens, FL 33410

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME V. Pres.
 STREET ADDRESS Dennis Hall
 CITY-ST-ZIP 2632 PGA BLVD
 Palm Beach Gardens FL 33410

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)