2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 16, 2001 8:00 am Secretary of State DOCUMENT # P99000017154 1. Entity Name 05-16-2001 90376 049 ***150.00 J. HALL, INC. Principal Place of Business Mailing Address 2632 PGA BLVD 2632 PGA BLVD 765452 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business *2632* Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sam Applied For 4, FEI Number 65-0896993 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Us Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HALL, JOANNE Street Address (P.O. Box Number is Not Acceptable) 2555 PGA BLVD. #154 PALM BEACH GARDENS FL 33410 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Change ☐ Addition ☐ Delete TITLE HALL, JOANN NAME NAME 2632 PGA BLVD STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33410 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE HALL, DENNIS NAME NAME 2632 PGA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33410 CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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

561 622 0655

Daytime Phone #