## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 15, 2001 8:00 am Secretary of State DOCUMENT # P99000018775 05-15-2001 90084 048 \*\*\*150.00 BILL HALL DESIGNS, INC. Principal Place of Business Mailing Address 726 NE 7TH STREET 726 NE 7TH STREET FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0899596 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PYE, THOMAS G Street Address (P.O. Box Number is Not Acceptable) 2787 E. OAKLAND PARK BLVD., STE. 301 FT. LAUDERDALE FL 33018 City 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, 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 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DPST Addition TITLE ☐ Delete TITLE Change HALL, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 726 NE 7TH STREET CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33304 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

WILLIAM J. HAII JR. 4.30.01 954.767-9585 ER OR DIRECTOR Dete Daylime Phone # SIGNATURE: William Hall SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER

CR2E034 (10/00

Change

☐ Addition