

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000060283**

1. Entity Name

SUSAN J HALL ENTERPRISES, INC.**FILED****Feb 28, 2001 8:00 am
Secretary of State**

02-28-2001 90073 007 ***150.00

Principal Place of Business

Mailing Address

~~210 UNIVERSITY DRIVE #502~~
~~CORAL SPRINGS FL 33071~~~~210 UNIVERSITY DRIVE #502~~
~~CORAL SPRINGS FL 33071~~

2. Principal Place of Business

3. Mailing Address

3000 N. UNIVERSITY DRIVE**C/O MAS**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE E**P.O. Box 771210**

City & State

City & State

CORAL SPRINGS FL**CORAL SPRINGS FL**

Zip

Country

Zip

Country

33065**33077-1210**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0931611**

Applied For

Not Applicable

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, SUSAN J~~210 UNIVERSITY DRIVE #502~~~~CORAL SPRINGS FL 33071~~

Name

Street Address (P.O. Box Number is Not Acceptable)

3000 N. UNIVERSITY DRIVE**SUITE E**

City

CORAL SPRINGS**FL**

Zip Code

33065

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, SUSAN J	NAME	
STREET ADDRESS	210 UNIVERSITY DRIVE #502	STREET ADDRESS	P.O. Box 771210
CITY-ST-ZIP	CORAL SPRINGS FL 33071	CITY-ST-ZIP	CORAL SPRINGS, FL 33077-1210
TITLE	<input type="checkbox"/> Delete	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	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	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	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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Susan J. Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)