

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90228 044 ***150.00

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DOCUMENT # P99000089362

1. Entity Name

HALL'S PROFESSIONAL LANDSCAPING AND LAWN SERVICE, INC.



Principal Place of Business

**1743 SOLON AVE.
DUNEDIN FL 34698**

Mailing Address

**1743 SOLON AVE.
DUNEDIN FL 34698**

2. Principal Place of Business

1574 LANEY DRIVE

3. Mailing Address

1574 LANEY DRIVE

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Palm Harbor

City & State

Palm Harbor FL

Zip

FL

Country

Pinellas

Zip

34683

Country

Pinellas

4. FEI Number

59-3606209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MICHAELS, THOMAS O ESQ.
1743 SOLON AVE.
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name **THOMAS O. MICHAELS, ESQ.**
Street Address (P.O. Box Number is Not Acceptable) **1320 PINELAKE ROAD**
City **Dunedin** **FL** Zip Code **34698**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

THOMAS O. MICHAELS, ESQ.

DATE

4/15/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, DALE S 1743 SOLON AVE. DUNEDIN FL 34698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HALL, BONNIE A 1743 SOLON AVE. DUNEDIN FL 34698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DALE S. HALL <input type="checkbox"/> Change <input type="checkbox"/> Addition 1574 LANEY DRIVE Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BONNIE ANNE HALL <input type="checkbox"/> Change <input type="checkbox"/> Addition 1574 LANEY DRIVE Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DALE S. HALL PRES.

DALE S. HALL

4/15/03

(727)

736-8489

Date

Daytime Phone #

CR2E034 (10/02)