

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90254 031 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000091316 1. Entity Name HALE SMALL ENGINE REPAIR, INC.			
Principal Place of Business 2923 SHADEVILLE RD. CRAWFORDVILLE, FL 32327		Mailing Address 8 SAN MARCOS DR CRAWFORDVILLE, FL 32327	
2. Principal Place of Business 372 Shadenville Rd.		3. Mailing Address 372 Shadenville Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Crawfordville, FL		City & State Crawfordville, FL	
Zip 32327		Zip 32327	
Country Wakulla		Country Wakulla	
4. FEI Number 59-3605200		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALE, TROY A 8 SAN MARCOS DR. CRAWFORDVILLE, FL 32327		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 372 Shadenville Rd. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Troy A. Hale</i> Signature, typed or printed name of registered agent and title if applicable		DATE 4/23/03 (NOTE: Registered Agent's signature required when reinstating)	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALE, TROY A 8 SAN MARCOS DR CRAWFORDVILLE, FL 32327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	372 Shadenville Rd. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>Troy A. Hale</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/23/03 850-421-7818 Daytime Phone #	

CR2E034 (10/02)