

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90123 019 \*\*\*150.00

0112561 AT

**DOCUMENT # P99000097851**

1. Entity Name  
**HALL SERVICES, INC.**

Principal Place of Business  
**13527 N.W. HIGHWAY 19**  
**CHIEFLAND FL 32644**

Mailing Address  
**13527 N.W. HIGHWAY 19**  
**CHIEFLAND FL 32644**

60075332



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**13574 NW Hwy 19**  
 Suite, Apt. #, etc.

3. Mailing Address

**13574 NW Hwy 19**  
 Suite, Apt. #, etc.

City & State

**Chiefland, FL 32644**

City & State

**Chiefland, FL**

4. FEI Number

**59-3620968**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HALL, MARCUS V**  
**14271 NW 66TH AVE**  
**CHIEFLAND FL 32626**

7. Name and Address of New Registered Agent

Name

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

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.

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HALL, MARCUS V</b>	
STREET ADDRESS	<b>14271 NW 66TH AVE</b>	
CITY-ST-ZIP	<b>CHIEFLAND FL 32626</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/6/01 364-490-9308**

Date

Daytime Phone #

CR2E034 (5/01)

Attachment  
Doc# 799000097851

C0073332

HALL SERVICES  
13574 N.W. HWY 19  
CHIEFLAND, FL 32626

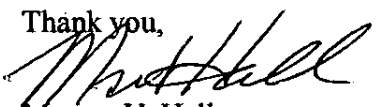
July 7, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

This letter is to inform you that we did not receive the Division of Corporations uniform business form until July 5, 2001.

We have changed locations and did not receive the original form.

Thank you,

  
Marcus V. Hall  
President