

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90368 038 ***150.00

0039452 AV

DOCUMENT # S39808

1. Entity Name
HALLMARK HOMES, INC.



Principal Place of Business
8081 PHILLIPS HWY
17
JAX FL 32256
US

Mailing Address
8081 PHILLIPS HWY
17
JAX FL 32256
US

2. Principal Place of Business
8130 Baymeadows Cir. W.
Suite, Apt. #, etc.
107

3. Mailing Address
8130 Baymeadows Cir. W.
Suite, Apt. #, etc.
107

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3057110

Applied For
Not Applicable

Zip Country
32256 Duval

Zip Country
32256 Duval

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

WEED, JOSEPH D. III
8081 PHILLIPS HWY
17
JAX FL 32256

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 ☐ Delete
NAME **PD**
STREET ADDRESS **WEED, JOSEPH D. III**
CITY-ST-ZIP **8081 PHILLIPS HWY STE 17**
JAX FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **BROOKS, KATHLEEN W.**
CITY-ST-ZIP **8081 PHILLIPS HWY #17**
JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **JORDAN, MARY I.**
CITY-ST-ZIP **8081 PHILLIPS HWY #17**
JAX FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **SHELTON, MARIAN F**
CITY-ST-ZIP **8081 PHILLIPS HWY #17**
JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Marian F Shelton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 (904) 737-1280
Date Daytime Phone # **EXT 25**

CR2E034 (10/02)