

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90479 005 ***158.75

DOCUMENT # V48711

1. Entity Name
HALLMARK CONSTRUCTION MANAGEMENT, INC.



Principal Place of Business
**424 S 3RD ST
JACKSONVILLE BEACH FL 32250
US**

Mailing Address
**424 S 3RD ST
JACKSONVILLE BEACH FL 32250
US**



2. Principal Place of Business
**76 S. LAURA ST.
Suite, Apt. #, etc.
SUITE 1700**

3. Mailing Address

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL
Zip
32202
Country
US

City & State

Zip

Country

4. FEI Number **59-3131784**

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

**HOWE, ANDREW M
424 S 3RD ST 76 S. LAURA ST. SUITE 1700
JACKSONVILLE BEACH FL 32250 JACKSONVILLE, FL 32202**

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

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/03

**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 ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **MANNA, ANTHONY**
CITY-ST-ZIP **75 E MARKET STREET
AKRON OH 44308**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **HOWE, ANDREW M**
CITY-ST-ZIP **424 S 3RD ST
JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **WALKO, LEE S**
CITY-ST-ZIP **75 E MARKET STREET
AKRON OH 44308**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **RICHART, J CULLEN**
CITY-ST-ZIP **424 S 3RD ST
JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **76 S. LAURA ST. SUITE 1700**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **76 S. LAURA ST. SUITE 1700**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

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NAME
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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: *[Signature]* **REQUIRED**

3/14/03

Date

904-350-1311

Daytime Phone #

CR2E034 (10/02)