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05-21-2002 90876 031 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96536

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119415

1. Entity Name
HALL MARK Portable Buildings, Inc.

Principal Place of Business
C/O WILLIAM SCOTT FOSTER
909 MAR WALT DR., STE. 1014
FT. WALTON BEACH FL 32547

Mailing Address
C/O WILLIAM SCOTT FOSTER
909 MAR WALT DR., STE. 1014
FT. WALTON BEACH FL 32547

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
C/O JACKY GRANT
Suite, Apt. #, etc.
2841 Hwy 90
City & State
Ponce de Leon Fl-
Zip 32455 Country Holmes

3. Mailing Address
C/O JACKY GRANT
Suite, Apt. #, etc.
P.O. Box 337
City & State
Ponce de Leon Fl-
Zip 32455 Country Holmes

4. FEI Number 30-0046672
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FOSTER, WILLIAM S
909 MAR WALT DR., STE. 1014
FT. WALTON BEACH FL 32547

7. Name and Address of New Registered Agent
Name JACKY L. GRANT
Street Address (P.O. Box Number is Not Acceptable) ~~P.O. Box 337~~
2841 Hwy 90
City Ponce de Leon FL Zip Code 32455

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 Jacky L Grant
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 4-29-02

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

The NOW FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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	~~D~~	☒ Delete
NAME	~~HALL, JULIA F~~	
STREET ADDRESS	~~PO BOX 337~~	
CITY-ST-ZIP	~~PONCE DE LEON FL 32455~~	
TITLE	~~D~~	☒ Delete
NAME	~~HALL, PATRICK LEE~~	
STREET ADDRESS	~~PO BOX 337~~	
CITY-ST-ZIP	~~PONCE DE LEON FL 32455~~	
TITLE	President Director	☐ Delete
NAME	JACKY GRANT	
STREET ADDRESS	P.O. Box 337	
CITY-ST-ZIP	Ponce de Leon Fl. 32455	
TITLE	= Director	☐ Delete
NAME	MARGARET T GRANT	
STREET ADDRESS	P.O. Box 337	
CITY-ST-ZIP	Ponce de Leon Fl- 32455	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (8/01)

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: SIGNATURE REQUIRED Jacky L Grant President 4-29-02 (850) 836-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #