

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-25-2003 90136 049 ***150.00

DOCUMENT # 276462

1. Entity Name
HILLSBORO MILE TOWER, INC.



Principal Place of Business
**1280 S.W. 36TH AVENUE
SUITE 301
POMPANO BEACH FL 33069
US**

Mailing Address
**1280 S.W. 36TH AVENUE
SUITE 301
POMPANO BEACH FL 33069
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1098407**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DIBERT, JACK
1280 S.W. 36TH AVE. #301
POMPANO BEACH FL 33069**

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, typed or printed name of registered agent and title if applicable.

(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 NAME STREET ADDRESS CITY-ST-ZIP	SD TD PARKER, ALICE 1280 SW 36 AVENUE #301 POMPANO BEACH FL 33069	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIBERT, JACK 1280 SW 36 AVE #301 POMPANO BEACH FL 33069	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRAMER, ROBERT 1280 SW 36 AVE #301 POMPANO BEACH FL 33069	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SD KEARNS, JOAN 1280 S.W. 36 AVE POMPANO BEACH FL 33069	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARKER, ALICE 1280 SW 36 AVE #301 POMPANO BEACH, FL 33069	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARRON, ROBERT 1280 SW 36 AVE #301 POMPANO BEACH, FL 33069	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEARNS, JOAN 1280 SW 36 AVE #301 POMPANO BEACH, FL 33069	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)