2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 03, 2000 8:00 am Secretary of State DOCUMENT:# 293533 HILL-DONNELLY CORPORATION 03-03-2000 90271 027 ***150.00 Principal Place of Business Mailing Address 2602 S MACDILL AVE S MACDILL AVE BOX 14417 PO BOX 14417 TAMPA FL 33690-4417 - FL 33690 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1096868 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HILL, LEE H, JR Street Address (P.O. Box Number is Not Acceptable) 2602 S MACDILL AVE TAMPA, FL 33629 Zip Code City FL 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 register DATE ered agent and title if applicable. 1 (NOTE: Registered Agent signature required when reinstating) iteland and a 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE HILL PATRICIA S. NAME NAME 2602 S MACDILL AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 00000 ☐ Addition VDŤ Change TITLE TITLE □ Delete HILL, DOROTHY S NAME 2602 \$ MACDILL AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA, FL 00000 - Addition PD Delete 'Delete TITLE ☐ Change TITLE HILL, LEE H, III NAME NAME STREET ADDRESS STREET ADDRESS 2602 S MACDILL AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 00000 CD ☐ Addition TITLE Change ☐ Delete TITLE HILL, LEE H, JR NAME NAME 2602 S MACDILL AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 00000** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 Statules. 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition