

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90082 024 ***150.00

DOCUMENT # 602170

1. Entity Name

D. DOUGLAS HILL, C.P.A., CHARTERED



Principal Place of Business

201 N FEDERAL HWY

SUITE 114

DEERFIELD BEACH FL 33441

US

Mailing Address

201 N FEDERAL HWY

SUITE 114

DEERFIELD BEACH FL 33441

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1297038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

70008827



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, D. DOUGLAS, CPA

201 N FEDERAL HWY

SUITE 114

DEERFIELD BEACH FL 33441

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
PST
HILL, D. DOUGLAS
2849 BANYAN BLVD CIR NW
BOCA RATON FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HILL, D. DOUGLAS
2849 BANYAN BLVD CIR NW
BOCA RATON FL ☐ Delete

TITLE
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☐ 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 REQUIRED
D. Douglas Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1003

954-420-5899

Date

Daytime Phone #

CR2E034 (10/02)