

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003760

1. Entity Name

HILITE MARKINGS, INC.

**FILED**  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90217 047 \*\*\*150.00

0596343

Principal Place of Business  
PO BOX 350  
ADAMS CENTER NY 13606

Mailing Address  
PO BOX 350  
ADAMS CENTER NY 13606

2. Principal Place of Business  
PO BOX 460  
Suite, Apt. #, etc.

3. Mailing Address  
PO BOX 460  
Suite, Apt. #, etc.

City & State  
Adams Center, NY  
Zip  
13606  
Country

City & State  
Adams Center, NY  
Zip  
13606  
Country

4. FEI Number 16-1381276  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.  
SIGNATURE *Julius President* 3/15/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTCD	<input type="checkbox"/> Delete	TITLE	V-Safety	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEELY, LINDA A		NAME	MCNEELY, LINDA A	
STREET ADDRESS	4104 NORTH STREET		STREET ADDRESS	12556 NY STATE ROUTE 3	
CITY-ST-ZIP	ADAMS NY 13605		CITY-ST-ZIP	SACKETS HARBOR, NY 13685	
TITLE	VSVC	<input type="checkbox"/> Delete	TITLE	V-Sales / S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEELY, RHONDA M		NAME	MCNEELY, Rhonda M	
STREET ADDRESS	28 N. PARK STREET		STREET ADDRESS	28 N. PARK STREET	
CITY-ST-ZIP	ADAMS NY 13605		CITY-ST-ZIP	ADAMS, NY 13605	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEELY, JOHN S		NAME	MCNEELY, JOHN S	
STREET ADDRESS	PO BOX 350		STREET ADDRESS	RR 1 BOX 45 BB	
CITY-ST-ZIP	ADAMS CENTER NY 13606		CITY-ST-ZIP	Natural Bridge, NY 13665	
TITLE		<input type="checkbox"/> Delete	TITLE	V- OPERATIONS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MCNEELY, RICHARD C., JR.	
STREET ADDRESS			STREET ADDRESS	12556 NY STATE ROUTE 3	
CITY-ST-ZIP			CITY-ST-ZIP	SACKETS HARBOR, NY 13685	
TITLE		<input type="checkbox"/> Delete	TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MCNEELY, RICHARD C., III	
STREET ADDRESS			STREET ADDRESS	28 N. PARK STREET	
CITY-ST-ZIP			CITY-ST-ZIP	ADAMS, NY 13605	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: *Julius*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone #

CR2E034 (10/00)