2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000107382

1. Entity Name

SIGNATURE:

DOCUMENT#

HILL FAMILY HOLDINGS, INC.

FILED Sep 10, 2003 8:00 am Secretary of State

09-10-2003 90049 037 ***550.00

Principal Plac 2708 BAY DRI BRADENTON	IVE	3	2708	Mailing Address 2708 BAY DRIVE BRADENTON FL 34207								
2. Principal Place of Business				3. Mailing Address				!	ud ii(udiu i fibii 1	10111 1 4689 11101	\$811 0 11 0 1 \$801	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number 02-0577332			oplied For ot Applicable	
Zip		Country	Zip	Zip Country			5.	5. Certificate of Status Desired . \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registere	ed Agent			7.	Name and Address of New	Registered	Agent		
		ے مصین سیمن		الدييا عيسونه ي	_ ,	Name		ي الياسيد سيد بديد			:	
· ·	DRGE A MD			Street Address			dress (P.O.	(P.O. Box Number is Not Acceptable)				
2708 BAY BRADENT	ON FL 342	07						50				
	2	7. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.				City			FL	Zip Cod	e	
	named entity		or the purp	ose of changing its	registere	ed office or r	egistered a	agent, or both, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE .		<i></i>										
	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	E: Registered	d Agent signature	e required wher	n reinstating)	DATE			
After Se	ptember 10	! FEE IS \$550.00 .2003 Fee will be \$750 Florida Department o						Election Campaign F Trust Fund Contribut			May Be d to Fees	
10.		OFFICERS AND	DIRECTO	IRS	11.		A	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2708 BAY	PRGE A MD DRIVE ON FL 34207		☐ Delete						□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IK G ESTMORELAND DR FL 32804-6246		□ Delete				** . *		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NDA S EWSBERRY RD STE 4 LE FL 32605-4377	08:~	☐ Delete			<u> </u>	<i>i</i> : 	انه دید ر نید	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete]				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS				☐ Delete						☐ 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 60Z, Florida Statutes; and that my name appears in Block 10 or Block 11 if