2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000030705 **DOCUMENT #**

1. Entity Name

HILLSIDE GARDENS, INC.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90028 028 ***150.00

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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	Principal Place of Business 242 COUNTRYSIDE KEY BLVD. OLDSMAR FL 34677		Mailing Address 242 COUNTRYSIDE KEY BLVD. OLDSMAR FL 34677		} 1002/107/ 1/1 002/10 (10/1 00/1/ 00/1/ 00/1/ 00/1/	I IANI BERI KENI BUNI DIN DIN IBA	
City & State Country Se Country Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code A The above named entity submits this statement for the purpose of changing its registatered office or registatered agent. or both, in the State of Florida. I am formise with, and accept the orbigations of registatered agent. Signature Signatu	2. Principal	Place of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·			
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SLVAS, JOHN SIGNATURE **FILE NOW!!! FEE IS \$150.00 **After May 1, 2003 Fee will be \$550.00 **Make Check Payable to Florida Department of State **Displace Florida State **Price Florida State **Pric	City & State		City & State				
SALVAS, JOHN 242 COUNTRYSIDE KEY BLVD. OLDSMAR FL 34677 8. The above named entity submits this statement for the purpose of changing its registered agent. Or both, in the State of Florida. It em familiar with, and accept the obligations of registered agent. 9. 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. It em familiar with, and accept the obligations of registered agent. 9. FILE NOW!!! FEE IS \$150.00 After May 1, 2009 Fee with the \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MME SALVAS, JOHN MME SHEET ALDRESS CITY-ST-2P CITY-	Zip	Country	Zip	Country		\$8.75 Additional	
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City City FL Typ 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, honed a printed supre or registered agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. NAME STREET ADDRESS CITY-51-2P OLDSMAR FL 34677 THE NAME STREET ADDRESS CITY-51-2P OLDSMAR FL 34677 Delete THE NAME STREET ADDRESS CITY-51-2P OLDSMAR FL 34677 Delete THE NAME STREET ADDRESS CITY-51-2P Change Addition NAME STREET ADDRESS CITY-51-2P THE NAME STREET ADDRESS CITY-51-2P CHANGE STREET ADDRESS CITY-				Street Addr	Page (P.O. Boy Number in Not Appendix)	•	
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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** **FILE NOW!!!** FEE IS \$150.00 **After May 1, 2035 Fee will be \$550.00 **Make Check Payable to Florida Department of State** **OFFICERS AND DIRECTORS** **OFFICERS AND DIRECTORS** **OFFICERS AND DIRECTORS** **OTHER ADDRESS OITY-51-2P** **OTHER ADDRESS OITY-51-2P** **OTHER ADDRESS OITY-51-2P** **OURSMAR FL 34677** **DELOID AGENT ADDRESS OITY-51-2P** **OURSMAR FL 34677** **OURSMAR FL 34677** **DELOID AGENT ADDRESS OITY-51-2P** **OURSMAR FL 34677** **OURSMAR FL 34677** **DELOID AGENT ADDRESS OITY-51-2P** **OURSMAR FL 34677** **OURSMAR FL 34677** **DELOID AGENT ADDRESS OITY-51-2P** **OURSMAR FL 34677** **OURSMAR FL 34677** **DELOID AGENT ADDRESS OITY-51-2P** **OURSMAR FL 34677** **OURSMAR FL 34677** **DELOID AGENT ADDRESS OITY-51-2P** **OURSMAR FL 34677** **OURSMAR FL 34677** **DELOID AGENT ADDRESS OITY-51-2P** **OURSMAR FL 34677** **OUR	OLDSMA	R FL 34677					
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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 changed, or on an attachment with an address, with all other the expowered.

SIGNATURE:

727-781-6202

Daytime Phone #