

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90090 008 \*\*\*158.75

**DOCUMENT # 216160**

1. Entity Name

**HILL YORK SERVICE CORPORATION**

Principal Place of Business

**2125 S. ANDREWS AVENUE  
 FORT LAUDERDALE FL 33316**

Mailing Address

**2125 S. ANDREWS AVENUE  
 FORT LAUDERDALE FL 33316**

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

**59-0841945**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KERNEY, MARK  
 2125 S. ANDREWS AVENUE  
 FORT LAUDERDALE FL 33316**

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

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, 2002 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

T ☐ Delete  
**BAGLEY, ELDEN M**  
**2125 S ANDREWS AVE**  
**FORT LAUDERDALE FL**

D ☒ Delete  
**TRUESDEL, DONNIE B.**  
**6921 SW 56TH COURT**  
**DAVIE FL**

SD ☐ Delete  
**LAFFERTY, ROBERT S**  
**1730 SE 11TH STREET**  
**FT. LAUDERDALE FL**

P ☐ Delete  
**KERNEY, MARK**  
**421 CHESTNUT LANE**  
**FT. LAUDERDALE FL**

V ☐ Delete  
**LAFFERTY, ROBERT W.**  
**824 S RIO VISTA BLVD.**  
**FT. LAUDERDALE FL**

VP ☐ Delete  
**BARDES, ALVIN J**  
**245 NE 6TH ST.**  
**BOCA RATON FL 33432**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

☐ Change ☐ Addition  
 TITLE  
 NAME  
 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02

Date

(954) 525 4200

Daytime Phone #

CR2F034 (9/01)