## 2003 FOR PROFIT CORPORATION

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DOCU 1-, Entity Nam HILL FAN				1ry of Sta 90112 039 ***550.				
Principal Place of Business 2602 S MACDILL AVE PO BOX 14417 TAMPA FL 33690  Mailing Address 2602 S MACDILL AVE PO BOX 14417 TAMPA FL 33690								
2. Principal Place of Business 4.07 Ridge Left by 3. Mailing Address						180 IIII 01815 610H 810H 01611 1	}	
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
Brandon 6- What City & State				4. FEI Number 59-1096868 Applied For Not Applicable				
33511	Country / fills brough	Zip	Country		5. Certificate of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New R	egistered Agent		
HILL, LEE H, JR 2602 S MACDILL AVE TAMPA FL 33629				Street Address (P.O. Box Number is Not Acceptable) 4607 Red Security Dr				
8. The above named entity submits this statement for the purpose of changing its registered office of the obligations of registered agent.					dagent, or both, in the State of Flo	FL Zy 350 orida. I am familiar with,		
SIGNATURE Signature, typed or ptyrled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees								
<u>(f</u>			T 44		ADDITIONS ISLIANCES TO SEE	ICERC AND DIRECTOR	C IN 11	
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFF			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	HILL, PATRICIA S. 2602 S MACDILL AVE TAMPA, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	460	Redgeely In 12511	<b>M</b> , Change	☐ Addition	
TITLE '\	VDT	☐ Delete	TITLE	[37 Bay	udm Fi 33511	<b>∑</b> Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	HILL, DOROTHY S 2602 S MACDILL AVE TAMPA, FL 00000	<del></del>	NAME STREET ADDRESS CITY-ST-ZIP	4607 Bran	Redgeelf De adm 6 33511	<b>-</b>	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, LEE H, III 2602 S MACDILL AVE TAMPA, FL 00000	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	460	7 Ridgeclys DV Idon Fr 33511	Change .	Addition	
TITLE NAME STREET ADDRESS	CD HILL, LEE H, JR 2602 S MACDILL AVE	☐ Delete	TITLE NAME STREET ADDRESS	460	7 Ridgeryf Dr	<b>™</b> Change	Addition	
CITY-ST-ZIP	TAMPA, FL 00000	□ n-lat-	CITY-ST-ZIP	Bran	m F 33511	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			□ Change	Auditron	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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 trusted employered 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 employered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

813-832-1601