

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90043 015 ***150.00

DOCUMENT # 305121

1. Entity Name: **HILLCREST MESA, INC.**

Principal Place of Business 390 PONDELLA ROAD, SUITE TWO N. FT. MYERS FL 33903	Mailing Address 390 PONDELLA ROAD, SUITE TWO N. FT. MYERS FL 33903-4340
--	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1156923	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent
**WOODBRIDGE, T R
 390 PONDELLA ROAD
 SUITE 2
 NORTH FORT MYERS FL 33903**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WOODBRIDGE, T. R.	
STREET ADDRESS	390 PONDELLA AVE S2	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MARTIN, FRANCES D	
STREET ADDRESS	390 PONDELLA RD STE 2	
CITY-ST-ZIP	N FT MYERS FL 33903	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Frances D. Martin* **2-14-2000** **941-995-2831**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)