

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90054 018 ***150.00

DOCUMENT # 342544 ✓
1. Entity Name
 Hillsman Modular Molding, Inc

Principal Place of Business
 895 Buffalo Rd
 Titusville FL
 32796

Mailing Address
 895 Buffalo Rd
 Titusville FL
 32796

2. Principal Place of Business
 320 Knox McRae Dr
 Suite, Apt. #, etc.

3. Mailing Address
 320 Knox McRae Dr
 Suite, Apt. #, etc.

City & State
 Titusville FL

City & State
 Titusville FL

Zip 32780 **Country** Brevard

Zip 32780 **Country** Brevard

4. FEI Number 59-1269924 **Applied For**
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Rodney Hillsman
 4740 Meadow Green Rd
 Mims FL 32754

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, 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	V. D SPEAR, SHERRY L	<input type="checkbox"/> Delete
STREET ADDRESS	4109 SPRUCE ST	
CITY-ST-ZIP	MIMS FL	
TITLE	P. D. HILLSMAN, ROONEY A	<input type="checkbox"/> Delete
STREET ADDRESS	4740 MEADOW GREEN RD	
CITY-ST-ZIP	MIMS FL	
TITLE	V. D. HILLSMAN, CYRUS C	<input type="checkbox"/> Delete
STREET ADDRESS	2600 CLEARLAKE RD	
CITY-ST-ZIP	COLDA FL 32922	
TITLE	S. T. D MYERS, PAMELA K	<input type="checkbox"/> Delete
STREET ADDRESS	2390 LAGRANGE RD	
CITY-ST-ZIP	Titusville FL 32796	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1586 N. Carpenter Rd	
STREET ADDRESS	Titusville FL 32796	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	X D. Director only	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Pamela K Myers Pamela K Myers **4-14-00** (321) 269-9040
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)