


FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90125 018 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 342544				10035383	
1. Entity Name HILLSMAN PROPERTIES, INC.					
Principal Place of Business 320 KNOX MCRAE DRIVE TITUSVILLE, FL 32780		Mailing Address 320 KNOX MCRAE DRIVE TITUSVILLE, FL 32780			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1269924	
Zip	Country	Zip	Country	8. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILLSMAN, RODNEY 2935 KING FISHER WAY 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ DATE: _____					
a. Election Campaign Financing Trust Fund Contribution.		<input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEAR, SHERRY L.		NAME		
STREET ADDRESS	1696 N CARPENTER RD		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32786		CITY-ST-ZIP		
TITLE	PO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLSMAN, RODNEY A.		NAME		
STREET ADDRESS	2935 KING FISHER WAY		STREET ADDRESS		
CITY-ST-ZIP	MIMS, FL 32754		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLSMAN, CYRUS C.		NAME		
STREET ADDRESS	3401 LARAIT LANE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32826		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, PAMELA K		NAME		
STREET ADDRESS	3411 OWL'S WOOD WAY		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Gilmore, Cheryl L	
STREET ADDRESS			STREET ADDRESS	1105 Kepler Road	
CITY-ST-ZIP			CITY-ST-ZIP	Deland FL 32724	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.					
SIGNATURE: <i>Rodney Hillman</i>		DATE: <i>3/6/03</i>		OFFICER OR DIRECTOR	

CFR2034 (10/02)