

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0533688
 AV

DOCUMENT # 412495

1. Entity Name

HILLS OF FLORIDA, INC.

03-06-2002 90073 040 ***150.00

Principal Place of Business

2437 SE 17 STREET
 SUITE 102
 OCALA FL 34471
 US

Mailing Address

2437 SE 17 STREET
 SUITE 102
 OCALA FL 34471
 US

00000001



2. Principal Place of Business

2437 SE 17 ST
 SUITE 102

3. Mailing Address

2437 SE 17 ST
 SUITE 102

DO NOT WRITE IN THIS SPACE

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

59-1425504

Applied For

Not Applicable

Zip

34471

Country

US

Zip

34471

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HILLS, RONALD D.
 2403 SE 17TH ST
 OCALA FL 34471

7. Name and Address of New Registered Agent

Name

RONALD HILLS

Street Address (P.O. Box Number is Not Acceptable)

2437 SE 17 ST SUITE 102

City

OCALA

FL

Zip Code

34471

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

Ronald Hills
 Signature, typed or printed name of registered agent and title if applicable.

PRE

(NOTE: Registered Agent signature required when reinstating)

2/24/02

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

TITLE PSTD
 NAME HILLS, RONALD D.
 STREET ADDRESS 2403 SE 17TH / STE 101
 CITY-ST-ZIP OCALA FL 34471 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE RONALD HILLS ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2437 SE 17 ST SUITE 102
 CITY-ST-ZIP OCALA, FL 34471

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ 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:

Ronald Hills
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/02

Date

352-351-3611

Daytime Phone #

CR2E034 (9/01)