

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90093 050 ***150.00

DOCUMENT # 412495



1. Entity Name
HILLS OF FLORIDA, INC.

Principal Place of Business

**2439 SE 17 STREET
SUITE 102
OCALA FL 34471
US**

Mailing Address

**2439 SE 17 STREET
SUITE 102
OCALA FL 34471
US**



2. Principal Place of Business

**2437 SE 17th St
Suite, Apt. #, etc.
102**

3. Mailing Address

**2437 SE 17th St
Suite, Apt. #, etc.
102**

☐ CHECK HERE IF MAKING CHANGES

City & State
OCALA FL

City & State
OCALA FL

4. FEI Number **59-1425504**

Applied For
Not Applicable

Zip Country
34471 US

Zip Country
34471 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILLS, RONALD D.
2409 SE 17TH ST
SUITE 102
OCALA FL 34471**

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 *Ronald D. Hills*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD			
	HILLS, RONALD D.			
	2437 SE 17TH ST., SUITE 102			
	OCALA FL 34471			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 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 empowerments.

SIGNATURE:

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

Date

Daytime Phone #

3/6/03

352-351-3611

CR2E034 (10/02)