

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90060 010 ***150.00

DOCUMENT # 418358

1. Entity Name
HILLSBOROUGH PROPERTIES, INC.

Principal Place of Business

**4113 NEBRASKA AVENUE
TAMPA FL 33603-4325
US**

Mailing Address

**4113 NEBRASKA AVENUE
TAMPA FL 33603-4325
US**

DUO 414 11



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1499029**

Applied For

Not Applicable

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

**LORENZO, LEO A
4113 NEBRASKA AV
TAMPA FL 33603**

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 *Leo A. Lorenzo*

LEO A. LORENZO, President

4-20-2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **LORENZO, LEO A.**
STREET ADDRESS **2609 HAWTHORNE CIRCLE**
CITY-ST-ZIP **TAMPA FL**

Change Addition
ADDRESS ONLY
TITLE
NAME
STREET ADDRESS **10402 ACELIA WAY**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE Delete
NAME **LORENZO, LEONARD W.**
STREET ADDRESS **6000 RIVER TERR.**
CITY-ST-ZIP **TAMPA FL**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **TAMPA FL 33604**

TITLE Delete
NAME **GRANT, WILLIE J.**
STREET ADDRESS **1224 E. OSBORNE AVE.**
CITY-ST-ZIP **TAMPA FL**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **TAMPA FL 33603**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
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: *Leo A. Lorenzo*

LEO A. LORENZO, President

4-20-01

813 232-5191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/00)