

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90011 028 ***150.00

DOCUMENT # 665376

1. Entity Name
HILLMAN JOLLEY & SON, INC.

Principal Place of Business Mailing Address
~~3097 BLACK CREEK DR~~ **4207 CR 218 West** ~~3097 BLACK CREEK DR~~ **P.O. Box 237**
MIDDLEBURG FL 32068 **MIDDLEBURG FL 32050**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4207 CR 218 West
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 237
 Suite, Apt. #, etc.

City & State
Middleburg, FL
 Zip
32068
 Country
USA

City & State
Middleburg, FL
 Zip
32050
 Country
USA

4. FEI Number **59-1998479** 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

JOLLEY, BETTY J
3097 BLACK CREEK DR
MIDDLEBURG FL 32068

Name
William L. Jolley
 Street Address (P.O. Box Number is Not Acceptable)
199 Dolphin Circle
Middleburg FL
 City
FL Zip Code
32068

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 *William L. Jolley, president* DATE *1-10-02*
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOLLEY, WILLIAM LEE		NAME	William Lee Jolley	
STREET ADDRESS	3097 BLACK CREEK DR		STREET ADDRESS	199 Dolphin Circle	address
CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-ZIP	Middleburg FL 32068	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOLLEY, BETTY J		NAME	Tina Jolley	
STREET ADDRESS	3097 BLACK CREEK DR		STREET ADDRESS	199 Dolphin Circle	
CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-ZIP	Middleburg FL 32068	
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		
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		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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		

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: *William L. Jolley* **William L. Jolley** *1-16-02* *282-5500*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)