2000 UNIFORM BUSINESS REPORT (UBR)

1/28/00-90204-048-$61.25-$61.25

DOCUMENT # 716651

1. Entity Name

HILLSBORO LIGHT TOWERS, INC.

FILED

00 MAR 24 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2639 NO RIVERSIDE DRIVE POMPANO BEACH FL 33062	2639 NO RIVERSIDE DRIVE POMPANO BEACH FL 33062-1236

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1407433 ☐ 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
WORTHLEY, CLINT 2639 N RIVERSIDE DR #1506 POMPANO BCH FL 33062	Name M. Kaufman Street Address (P.O. Box Number is Not Acceptable) 2639 N. Riverside Dr City Pompano Beach FL Zip Code 33062

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 M. Kaufman
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FROTHINGHAM, TONY 2639 N RIVERSIDE DR #1006 POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRESIDENT D FREDDY L. MILES 2639 N RIVERSIDE DR #1104 POMPANO BCH, FL 33062	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MOORE, ARTHUR 2639 N RIVERSIDE DR, #1103 POMPANO BCH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WORTHLEY, CLINT 2639 N RIVERSIDE DR #1506 POMPANO BCH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TREAS. D MICHAEL KAUFMAN 2639 N. RIV. DRIVE POMPANO BEACH FL 33062	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHEARER, JOANNE 2639 N RIVERSIDE DR # 1504 POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SecD PAT BURKE SD 2639 N. Riverside Dr. POMPANO Bch. FL 33062	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAULEWEIT, 2639 N RIVERSIDE DR #704 POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VICE PRESIDENT JACK MARTENS 2639 N RIVERSIDE DRIVE Pompano Bch, FL. 33062	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition SP

CR2E037 (9/99)

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 617, 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 empowered.

SIGNATURE: M. KAUFMAN for Kaufman 1/ /2000 782-6854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #