2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1200 HILLSBORO MILE

810282 **DOCUMENT #**

1. Entity Name

1200 HILLSBORO INC

Principal Place of Business

HILLSBORO BCH FL 33062

1200 HILLSBORO MILE



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90197 005 ***150.00

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2. Principal Place of Business			3. Mailing Address .				•						
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State			City & State				4.	4. FEI Number 59-0761988				Applied For	
Zip Country			Zip		Cour	Country		Certificate of S	tatus Desired		\$8.75 A	dditional	
	6. Name	and Address of Current	Registered A	Agent			7.	Name and Add	dress of New Re	gistered			
LEWIS, JACK						Name Street Address (P.O. Box Number is Not Acceptable)							
1200 HILL	lsboro Mil	E		Street Addit				2000 (1.0. Box Humberts Hot Acceptable)					
APT 23													
HILLSBORO BEACH FL 33062						City FL Zip Code							
8. The above the obliga	named entity tions of registe	submits this statement for ered agent.	r the purpose	of changing its	register	ed office o	r registered ac	gent, or both, in	the State of Flori	ida. I am	familiar with	, and accept	
SIGNATURE													
	Signature, typed o	r printed name of registered agent a	and title if applicat	ole. (NOTE	: Registere	d Agent signal	ure required when r	reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									n Campaign Fina und Contribution.		\$5.0 Adde	00 May Be d to Fees	
10.		OFFICERS AND	DIRECTORS		11.		. A[DDITIONS/CHA	NGES TO OFFIC	CERS ANI	DIRECTOR	RS IN 11	
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12. I hereby certify that the information supplied with this filling does not quality 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 acrue 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 his 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 empowered.

SIGNATURE:

SIGN uired

Daytime Phone #

CR2E034 (10/02)