

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

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90197 005 \*\*\*150.00

**DOCUMENT # 810282**

1. Entity Name  
**1200 HILLSBORO INC**



Principal Place of Business  
**1200 HILLSBORO MILE  
HILLSBORO BCH FL 33062  
US**

Mailing Address  
**1200 HILLSBORO MILE  
HILLSBORO BCH FL 33062  
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0761988**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**LEWIS, JACK  
1200 HILLSBORO MILE  
APT 23  
HILLSBORO BEACH FL 33062**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when 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**

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
T	LEWIS, JACK	1200 HILLSBORO MILE A1A	HILLSBORO BEACH FL 33062	<input type="checkbox"/>
D	RAAB, TERRY	1200 HILLSBORO MILE	HILLSBORO BEACH FL 33062	<input type="checkbox"/>
D	JAMES, STEPHEN	1200 HILLSBORO MILE	HILLSBORO BEACH FL 33062	<input type="checkbox"/>
P	PRADNE, JULIO	1200 HILLSBORO MILES	HILLSBORO BCH FL 33062	<input type="checkbox"/>
D	TYTKO, DIETER	1200 HILLSBORO MILE A1A	HILLSBORO FL 33062	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	JAMES, STEPHEN	1200 HILLSBORO MILE	HILLSBORO BEACH FL 33062	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	PRADNE, JULIO	1200 HILLSBORO MILE	HILLSBORO BEACH FL 33062	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 19, 2003**

Date

Daytime Phone #

CR2E034 (10/02)