

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013411 AT

DOCUMENT # A99000001845

1. Entity Name
HOPE HILL, LTD.

FILED

03 JAN -8 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
5010 BAYSHORE BLVD. #7
TAMPA FL 33611Mailing Address
5010 BAYSHORE BLVD. #7
TAMPA FL 33611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3606217

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

CLARK, ROBERT W
100 NORTH TAMPA STREET
STE 2120
TAMPA FL 33602

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.

DATE

9. Capital Contributions
as Shown on record.

\$250,000.00

10. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000098453
NAME SARGON INC
STREET ADDRESS 5010 BAYSHORE BLVD. #7
CITY-ST-ZIP TAMPA FL 33611

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

200009955382
01/09/03-01046-009 **526.25

M THOMAS

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/6/3 (813) 610-2526

CR2E003 (10/02)