

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90125 037 ***150.00

DOCUMENT # F02000003427

1. Entity Name
HILLSIDE SERVICES, INC.



Principal Place of Business
**2630 WEST BRADLEY PLACE
CHICAGO IL 60618**

Mailing Address
**2630 WEST BRADLEY PLACE
CHICAGO IL 60618**

11011404



2. Principal Place of Business
ONE MTH PLAZA
Suite, Apt. #, etc.

3. Mailing Address
ONE MTH PLAZA
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
HILLSIDE, IL
Zip
60162 Country
USA

City & State
HILLSIDE, IL
Zip
60162 Country
USA

4. FEI Number
04-3641460

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HILL, LYLE 2630 W BRADLEY PLACE CHICAGO IL 60618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVO KOZIOL, DENNIS 2630 WEST BRADLEY PLACE CHICAGO IL 60618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ISHIDA, GARY A 2630 WEST BRADLEY PLACE CHICAGO IL 60618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONTIKIS, PETER A 2630 WEST BRADLEY PLACE CHICAGO IL 60618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANBERG, MICHAEL 2630 WEST BRADLEY PLACE CHICAGO IL 60618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE MTH PLAZA HILLSIDE IL 60162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE MTH PLAZA HILLSIDE, IL 60162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE MTH PLAZA HILLSIDE, IL 60162
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE MTH PLAZA HILLSIDE, IL 60162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **GARY ISHIDA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 **448-1100**
Date Daytime Phone #

CR2E034 (10/02)