2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 03, 2000 8:00 am **DOCUMENT # F19590** Secretary of State HILTON INVESTMENT CORPORATION 03-03-2000 90244 034 ***150.00 Principal Place of Business Mailing Address 1505 SE 40TH STREET B 1505 SE 40TH STREET B CAPE CORAL FL 33904-7913 CAPE CORAL FL 33904-4919 000301172. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2185999 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FISHER, LEIGH M Street Address (P.O. Box Number is Not Acceptable) 1505 SE 40TH STREET B CAPE CORAL FL 33904 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition Delete P/S/D TITLE TITLE GREENE, DANIEL 5239 SARASOTA CT CAPE CORAL, FL 33904 NAME- : GREENE, DANIEL NAME STREET ADDRESS STREET ADDRESS 5239 SARASOTA CT CITY-ST-7iP CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Addition ☐ Change TITLE Delete TITLE NAME FISHER, LEIGH M NAME STREET ADDRESS 1505 SE 40TH STREET B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904-4919 Delete Change ☐ Addition TITLE **BOULTON, JIM** NAME NAME STREET ADDRESS 1505 SE 40TH STREET B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904-4919 ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Klene SIGNATURE AND TYREO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition