

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90166 048 \*\*\*150.00

049767 AV

**DOCUMENT # F19590**

**1. Entity Name**  
**HILTON INVESTMENT CORPORATION**

**Principal Place of Business**

**1505 SE 40TH STREET B**  
**CAPE CORAL FL 33904-4919**

**Mailing Address**

**1505 SE 40TH STREET B**  
**CAPE CORAL FL 33904-4919**

**2. Principal Place of Business**

**931 Cape Coral Pkwy E.**

Suite, Apt. #, etc.

**3. Mailing Address**

**931 Cape Coral Pkwy E.**

Suite, Apt. #, etc.

**City & State**

**Cape Coral, Florida**

**City & State**

**Cape Coral, Florida**

**4. FEI Number**

**59-2185999**

**Applied For**

**Not Applicable**

**Zip**

**33904**

**Country**

**USA**

**Zip**

**33904**

**Country**

**USA**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FISHER, LEIGH M**  
**1505 SE 40TH STREET B**  
**CAPE CORAL FL 33904**

**7. Name and Address of New Registered Agent**

**Name**

**Daniel Greene**

**Street Address (P.O. Box Number is Not Acceptable)**

**931 Cape Coral Parkway E.**

**City**

**Cape Coral, Florida**

**FL**

**Zip Code**

**33904**

**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** *Daniel Greene* **Daniel Greene Pres., S/T, D** **22-April-2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** **PSD** ☐ Delete  
**NAME** **GREENE, DANIEL**  
**STREET ADDRESS** **5239 SARASOTA CT**  
**CITY-ST-ZIP** **CAPE CORAL FL 33904**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Daniel Greene* **Daniel Greene 22 April 2002 (293) 542-3189**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)