## 2002 UNIFORM BUSINESS REPORT (UBR)

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## May 06, 2002 8:00 am Secretary of State F36121 DOCUMENT # 1. Entity Name 05-06-2002 90053 013 \*\*\*150.00 R.C. HILL ENTERPRISES, INC. Principal Place of Business Mailing Address P.O. BOX 1060 P.O. BOX 1060 WINTER PARK FL 32790 WINTER PARK FL 32790 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2111050 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YERGEY, DAVID A JR Street Address (P.O. Box Number is Not Acceptable) YERGEY AND YERGEY, P.A. 211 N. MAGNOLIA AVENUE Zip Code ORLANDO FL 32801 City 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 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 12. 11. CR2E034 (9/01) ☐ Addition TITLE TITLE PTSD ☐ Delete NAME NAME HILL, R C JR 1716 PALHERAVE, WINTERPARK, FL 32789 STREET ADDRESS STREET ADDRESS 1274 PRINCE CT CITY-ST-ZIP CITY-ST-ZIP HEATHROW FL 32746 ☐ Delete TITLE NAME NAME HILL, R C III STREET ADDRESS STREET ADDRESS 2211 N. HALIFAX AVE. CITY-ST-ZIP CITY-ST-7IP DAYTONA BEACH FL 32118 Addition TITLE ☐ Delete TITLE R. JEREMY HILL 3000 N. ATLANTIC AVE. NAME NAME STREET ADDRESS STREET ADDRESS DAYTONA BEACH, FL 32118 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with indicated on this report of supplemental report is this filing does not qualify by the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED**