

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90095 043 ***150.00

DOCUMENT # F98000000777

1. Entity Name

HILLDRUP PROPERTIES, INC.

Principal Place of Business

**4022 JEFFERSON DAVIS HWY.
STAFFORD VA 22554**

Mailing Address

**4022 JEFFERSON DAVIS HWY.
STAFFORD VA 22554**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1874869

Applied For

Not Applicable

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

Gaudion
Peter Gaudion
**750 CENTRAL FLORIDA PKWY.
ORLANDO FL 32824**

Name **Peter Gaudion**

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

750 Central Florida Pkwy.

City **Orlando**

FL Zip Code **32824**

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)

DATE

1/25/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CPD	MCDANIEL, CHARLES G	4022 JEFFERSON DAVIS HWY.	STAFFORD VA 22554	<input type="checkbox"/>
CV	DODSON, D. BARRY	4022 JEFFERSON DAVIS HWY.	STAFFORD VA 22554	<input type="checkbox"/>
DST	MARSHALL, HILTON G	4022 JEFFERSON DAVIS HWY.	STAFFORD VA 22554	<input type="checkbox"/>
DV	MCDANIEL, W. RICHMOND	4022 JEFFERSON DAVIS HWY.	STAFFORD VA 22554	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Hilton G. Marshall, C.F.O.

703-221-7155

Date

Daytime Phone #

CR2E034 (9/01)