## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

F9900001425

Mailing Address

709 SIGMAN RD.

3. Mailing Address

City & State

Suite, Apt. #, etc.

CONYERS GA 30013

1. Entity Name
HILL PHOENIX, INC.

Principal Place of Business

2. Principal Place of Business

709 SIGMAN RD.

CONYERS GA 30013

Suite, Apt. #, etc

City & State

Zip



FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90373 040 \*\*\*150.00

UUUTIITA

☐ CHECK HERE IF MAKING CHA	ANGES		
. FEI Number 58-2128804	Applied For		
J0 2 120004	Not Applicable		
	75 Additional Required		

DATE

C T CORPORATION SYSTEM -1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent			
Name			
	,		•
Street Address (P.O. Box I	Number is Not Accep	table)	
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.

Country

SIGNATURE.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

6. Name and Address of Current Registered Agent

(NOTE:

(NOTE: Registered Agent signature required when reinstating)

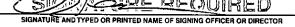
 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition YOCHUM, JERRY W NAME NAME 2607 N. GRANDVIEW BLVD., STE. 105 STREET ADDRESS STREET ADDRESS WAUKESHA WI 53188 CITY-ST-7IP CITY-ST-ZIP Delete TITLE ■ Addition ☐ Change PARKER, ROLAND J NAME 2607 N. GRANDVIEW BLVD., STE. 105 STREET ADDRESS STREET ADDRESS WAUKESHA WI 53188 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition COPPOLA, RALPH S NAME 709 SIGMAN RD. STREET ADDRESS STREET ADDRESS CONYERS GA 30013 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TOLCHER, RAYMOND W NAME STREET ADDRESS 709 Sigman Road STREET ADDRESS CONYERS GA 30013 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE MORGANTHALER, LARRY C NAME NAME STREET ADDRESS 709 SIGMAN RD. STREET ADDRESS CITY-ST-ZIP CONYERS GA 30013 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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:



Date

Daytime Phone #

CR2E034 (10/02