

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H30575

1. Entity Name

J. W. HILTON, D.V.M., P.A.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90126 015 \*\*\*150.00

Principal Place of Business

Mailing Address

8368 GRIFFIN RD.  
DAVIE FL 33328-3721

8368 GRIFFIN RD.  
DAVIE FL 33328-3612

2. Principal Place of Business

3. Mailing Address

5121 SW 90 AV.

5121 SW 90 AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 5

SUITE 5

City & State

City & State

COOPER CITY, FL

COOPER CITY, FL

Zip

Country

Zip

Country

33328

U.S.A.

33328

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2472634

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

HILTON, J.W.  
8368 GRIFFIN RD  
DAVIE FL 33328

Name

J.W. HILTON

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

5121 SW 90 AV.

SUITE 5

City

COOPER CITY

FL

Zip Code

33328

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

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, 2000 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

PD  
HILTON, J.W.  
8368 GRIFFIN RD  
DAVIE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5121 SW 90 AV. SUITE 5  
COOPER CITY, FL 33328

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-00

954-434-7322

CR2E034 (9/99)