

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J49517

FILED
Apr 09, 2002 8:00 AM
Secretary of State

Entity Name: HILE CONTROLS OF FLORIDA, INC.

Current Principal Place of Business:

% C T CORPORATION SYSTEM
P O BOX 1015
MATTHEWS, NC 281068015

New Principal Place of Business:

420 E. STATE ROAD 434
UNIT F
LONGWOOD, FL 32750 US

Current Mailing Address:

% C T CORPORATION SYSTEM
P O BOX 1015
MATTHEWS, NC 281068015

New Mailing Address:

P.O. BOX 522170
LONGWOOD, FL 327522170 US

FEI Number: 58-1716203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

Name and Address of New Registered Agent:

SCUDERI, JEFF F MR.
104 TRACE PT
WINTER SPRINGS, FL 32708 US

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: JEFF F SCUDERI

04/09/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HILE, W. K.,
Address: 5300 GORHAM DR
City-St-Zip: CHARLOTTE, NC

Title: D () Delete
Name: HILE, MARY LOU,
Address: 5300 GORHAM DR
City-St-Zip: CHARLOTTE, NC

Title: D () Delete
Name: HILE, KIRKWOOD J
Address: 223-95 SOUTH TORRENCE ST
City-St-Zip: CHARLOTTE, NC

Title: D (X) Delete
Name: SCUDERI, JEFF
Address: 321 SUN OAKS COURT
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HILE, W.K.
Address: 5300 GORHAM DR
City-St-Zip: CHARLOTTE, NC

Title: DP (X) Change () Addition
Name: SCUDERI, JEFF F
Address: 104 TRACE PT
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: DST (X) Change () Addition
Name: SCUDERI, BETH F
Address: 104 TRACE PT
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH SCUDERI

ST

04/09/2002

Electronic Signature of Signing Officer or Director

Date