

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # J72237**1. Entity Name
LEO B. HILL, P.A.**Principal Place of Business**

280 CORPORATE WAY

ORANGE PARK

32073

FL

US

Mailing Address

280 CORPORATE WAY

ORANGE PARK

32073

FL

US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

5106 PINE ROCKLANDS AVE.

Suite, Apt. #, etc.

City & State**City & State**

LITHIA,

FL

Zip

Country

Zip

Country

33547

US

4. FEI Number**59-2886410**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**HILL LEO B.**
280 CORPORATE WAY

ORANGE PARK

32073

FL

US

7. Name and Address of New Registered Agent**Name****HILL LEO B.****Street Address (P.O. Box Number is Not Acceptable)****5106 PINE ROCKLANDS AVE.****City****LITHIA****FL****Zip Code****33547**

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 **LEO B. HILL**

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

(NOTE: Registered Agent signature required when reinstating)

04/13/2001

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, 2001 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**

TITLE	TD	<input type="checkbox"/> Delete
NAME	HILL, LEO B.	
STREET ADDRESS	280 CORPORATE WAY	
CITY-ST-ZIP	ORANGE PARK FL 32073	

TITLE	TD	<input type="checkbox"/> Delete
NAME	PVS HILL, LEO B.	
STREET ADDRESS	280 CORPORATE WAY	
CITY-ST-ZIP	ORANGE PARK FL 32073	

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILL LEO LTD		
STREET ADDRESS	5106 PINE ROCKLANDS AVE.		
CITY-ST-ZIP	LITHIA FL 33547		

TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PVS HILL LEO BPVS		
STREET ADDRESS	5106 PINE ROCKLANDS AVE.		
CITY-ST-ZIP	LITHIA FL 33547		

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

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

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

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

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: LEO B. Hill

PVST

04/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)