

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90185 031 ***150.00

DOCUMENT # K62613

1. Entity Name
V. DONALD HILLEY, P.A.



Principal Place of Business
**11382 PROSPERITY FRMS
STE. 124
PALM BCH. GARDENS FL 33410
US**

Mailing Address
**11382 PROSPERITY FRMS
STE. 124
PALM BCH. GA 33410
US**

30028363



2. Principal Place of Business
860 US Highway One

3. Mailing Address
860 US Highway One

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 108

Suite 108

City & State
North Palm Beach, FL

City & State
North Palm Beach, FL

4. FEI Number
65-0098160

Applied For

Not Applicable

Zip Country
33408 US

Zip Country
33408 US

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

**HILLEY, V. DONALD
11382 PROSPERITY FRMS
STE. 124
PALM BCH. GARDENS FL 33410**

Name
V. Donald Hilley

Street Address (P.O. Box Number is Not Acceptable)
860 US Highway One

Suite 108

City
North Palm Beach

FL Zip Code
33408

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.

SIGNATURE
Signature, typed or printed name of registered agent and title (applicable).

February 11, 2003

DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
**PD
NAME
HILLEY, DONALD V
STREET ADDRESS
11382 PROSPERITY FRMS RD. #124
CITY-ST-ZIP
PALM BCH. GARDENS FL 33410**

TITLE ☒ Change ☐ Addition
**P/D
NAME
V. Donald Hilley
STREET ADDRESS
860 US Highway One, Suite 108
CITY-ST-ZIP
North Palm Beach, FL 33408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 11, 2003 561-627-0009

Date

Daytime Phone #

CR2E034 (10/02)