

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90034 022 \*\*\*158.75

**DOCUMENT # K79424**

1. Entity Name  
**FILTERS INTERNATIONAL, INC.**

Principal Place of Business  
**5843 COMMERCE STREET  
 JACKSONVILLE FL 32211**

Mailing Address  
**5843 COMMERCE STREET  
 JACKSONVILLE FL 32211**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2938412**

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

**HILL, CONSTANCE O.  
 5843 COMMERCE STREET  
 JACKSONVILLE FL 32211**

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-issuing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                                   |                                            |
|------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>HILL, BRENT<br/>5843 COMMERCE STREET<br/>JACKSONVILLE FL 32211</b>       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>HILL, CONSTANCE O<br/>5843 COMMERCE STREET<br/>JACKSONVILLE FL 32211</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>HILL, JIMMY K<br/>5843 COMMERCE ST<br/>JACKSONVILLE FL 32211</b>         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   | <input type="checkbox"/> Delete            |

|                                                |                                                                               |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>BRENT HILL<br/>5843 Commerce St<br/>Jacksonville, FL 32211</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>BRENT TROY HILL<br/>5843 Commerce St.<br/>Jacksonville, FL 32211</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> 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: Constance O. Hill Constance O. Hill 4/27/01 904-744-0224  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/00)

attachment  
PH# K79424  
B0049279

Please make sure our certificate<sup>#-2201</sup>  
of status reflects these changes  
that were made incorrectly last  
year. If you have any questions,  
Please call. Thank You,  
G. Hill 904-744-0224

See  
3 AttAcHed Pages

\_\_\_\_\_

4. FBI Number 59-29384 12

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address: P.O. Box Number: Vol. # (optional):

City

179

## 5. CONCLUSION

3. The following information is available for the year ended 31/12/2019:

THE FOLLOWING INFORMATION IS FOR YOUR INFORMATION ONLY

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Electric Control Panel \$5.00

These are the changes that we sent last year!

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13. I hereby certify that the information supplied with this filing does not comply for the exemption stated in Section 115-110 of the Florida Statutes, and I hereby certify that I am not the filer of this report, I am not an authorized representative and I am not an attorney and that my signature shall have the same legal effect as if made under oath that I am not the filer of this report or the report is not being filed to evade the provisions of Chapter 607 of the Florida Statutes, and that I am not an attorney or a law firm.

SIGNATURE: *[Signature]*

Same

D# K79424  
B0049279

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4/19/01 CORPORATE DETAIL RECORD SCREEN 1:30 PM  
NUM: K79424 ST:FL ACTIVE/FL PROFIT FLD: 04/03/1989 EFF: 03/30/1989  
FEI#: 59-2938412  
NAME : FILTERS INTERNATIONAL, INC.  
PRINCIPAL: 5843 COMMERCE STREET CHANGED: 07/11/90  
ADDRESS JACKSONVILLE, FL 32211  
RA NAME : HILL, CONSTANCE O.  
RA ADDR : 5843 COMMERCE STREET ADDR CHG: 07/11/90  
JACKSONVILLE, FL 32211 US  
ANN REP : (1998) BN 04/30/98 (1999) AN 05/24/99 (2000) AY 05/01/00

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4/19/01 OFFICER/DIRECTOR DETAIL SCREEN 1:31 PM  
CORP NUMBER: K79424 CORP NAME: FILTERS INTERNATIONAL, INC.  
TITLE: PD NAME: HILL, BRENT  
5843 COMMERCE STREET  
JACKSONVILLE, FL 32211  
TITLE: V NAME: HILL, CONSTANCE O  
5843 COMMERCE STREET  
JACKSONVILLE, FL 32211  
TITLE: T NAME: HILL, JIMMY K  
5843 COMMERCE ST  
JACKSONVILLE, FL 32211  
TITLE: S NAME: HILL, BRENT T  
5843 COMMERCE ST  
JACKSONVILL, FL 32211

This is  
what we require -  
Thank you.  
C. Hill  
904-744-0224

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----

4/19/01 - Your "Stacy" at 487-6059  
Faxed this to me on 4/19/01, however,  
She said I needed to make the  
changes again as I have done  
C. Hill