

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90309 011 ***150.00

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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**

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **DP** ☐ Delete
HILL, BRENET
STREET ADDRESS **5843 COMMERCE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE
NAME ☒ Change ☐ Addition
Please correct typo error.
STREET ADDRESS **Mr. Hills name is BRENT not BrenEt**
CITY-ST-ZIP

TITLE
NAME **V** ☐ Delete
HILL, CONSTANCE O
STREET ADDRESS **5843 COMMERCE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

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

TITLE
NAME **T** ☐ Delete
HILL, JIMMY K
STREET ADDRESS **5843 COMMERCE ST**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

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

TITLE
NAME **SD** ☐ Delete
HILL, BRENT TROY
STREET ADDRESS **5843 COMMERCE ST**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **S** ☐ Change ☒ Addition
Hill, Sherry J.
STREET ADDRESS **5843 Commerce Street**
CITY-ST-ZIP **Jacksonville, Florida 32211**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Brent Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

904-744-0224

Daytime Phone #

CR2E034 (10/02)