

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90003 019 ***150.00

DOCUMENT # K90030

1. Entity Name
BOB HILL BUILDER, INC.



Principal Place of Business
8766 NWK WAY
RT. 3 BOX 780A
TALLAHASSEE FL 32309
US

Mailing Address
8766 NWK WAY
RT. 3 BOX 780A
TALLAHASSEE FL 32309
US



2. Principal Place of Business

8766 NWK Way
Suite, Apt. #, etc.

3. Mailing Address

8766 NWK Way
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tallahassee FL

City & State
Tallahassee FL

4. FEI Number **59-2956050**

Applied For
Not Applicable

Zip **32309** Country **USA**

Zip **32309** Country **USA**

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

6. Name and Address of Current Registered Agent

HILL, ROBERT
8766 NWK WAY
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
NAME **HILL, ROBERT**
STREET ADDRESS **8766 NWK WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Robert Hill** **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03 850 893 1122
Date Daytime Phone #

CR2E034 (10/02)