2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2000 8:00 am **DOCUMENT # M77434 Secretary of State** HILLTOPPER MANAGEMENT COMPANY 03-22-2000 90188 040 ***150.00 Principal Place of Business Mailing Address 4303 N. ARMENIA AVENUE 4303 N. ARMENIA AVENUE TAMPA FL 33607-6403 **TAMPA FL 33607 ひひひまひひひ**す US. US 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2891923 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RENE ZARATE Street Address (P.O. Box Number is Not Acceptable) 10922 JUNIPTERUS PL SUITE 700 **TAMPA FL 33618** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PSD** ☐ Addition ☐ Change TITLE ☐ Delete ZARATÉ, RENE NAME STREET ADDRESS STREET ADDRESS 10922 JUNIPERUS PL CITY-ST-ZIP CITY-ST-ZIP TAMPA FL VTD ☐ Change ☐ Addition TITLE ☐ Delete TITLE SALLY R. ZARATE NAME NAME STREET ADDRESS 10922 JUNIPTERUS PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/ro /2000

813 8799740

Daytime Phone #