

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90143 035 ***150.00

DOCUMENT # M89940

1. Entity Name

BARRY R. HILLMYER, P.A.

Principal Place of Business

~~2135 COTTAGE ST~~
~~FORT MYERS FL 33901~~
~~US~~

Mailing Address

P.O. BOX 960
 C/O BARRY HILLMYER P.O. BOX 960
 FT. MYERS FL 33902-0960
 US

2. Principal Place of Business

2400 FIRST ST. # 210

3. Mailing Address

SAME

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

City & State

FT MYERS FLA

City & State

4. FEI Number

65-0059242

Applied For

Not Applicable

Zip

33901

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BARRY R. HILLMYER
~~2135 COTTAGE STREET~~
~~FT. MYERS FL 33901~~

7. Name and Address of New Registered Agent

Name

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

2400 FIRST ST # 210

City

Fort Myers

FL

Zip Code

33901

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **D** ☐ Delete
 NAME **HILLMYER, BARRY R.**
 STREET ADDRESS **2135 COTTAGE ST**
 CITY-ST-ZIP **FT. MYERS FL 33901**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SAME** ☒ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS **2400 FIRST STREET #210**
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/01

Date

Daytime Phone #

CR2E034 (10/00)