## FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 10, 2001 8:00 am Secretary of State DOCUMENT # P0000006562 1. Entity Name ELITE DESIGNS BY HILMAN, INC. 05-10-2001 90058 040 \*\*\*150.00 Mailing Address Principal Place of Business 360 BUSINESS PKWY #10 360 BUSINESS PKWY #10 ROYAL PALM BCH FL 33411 ROYAL PALM BCH FL 33411 2. Principal Place of Business 3. Mailing Address 11031 Sunser Blud Sunset Bulg $|\mathcal{E}Ol|$ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Ha. Royal Palm Beach Not Applicable Beach 6917 IF Koyal Zip Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Pee Required ろろけい . A.2-N A.2+N 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name المرمين إمرمينوني SUTHERLAND, CAROL Street Address (P.O. Box Number is Not Acceptable) 11031 SUNSET BLVD. **ROYAL PALM BCH FL 33411** Zip Code City 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 DATE (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing regulrement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ST Addition DC ☐ Change ☐ Delete TITLE TITI E CAROL-SUTHER LAND NAME NAME 11031 Sunset Blud STREET ADDRESS STREET ADDRESS 33111 Royal Palm Beach Fla CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE HILMAN, SUTHERLAND NAME NAME 11031 Suncet Blud STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Royal Palm Beach コシイハ CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME

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 environment.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SONATURE AND TYPED OR PRINTSO NAME OF SIGNING OFFICER OR DIRECTOR
CAROL SUTTIERLAND

Apr 2001

753 - 8580

Daytime Phone #