

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1472

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 25 PM 1:56

DOCUMENT # P00000018276

1. Entity Name

Hilaman's Blade Runner's INC,

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10510 Blue Wing Court

Suite, Apt. #, etc.

3. Mailing Address

10510 Blue Wing Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE FLORIDA

City & State

TALLAHASSEE

4. FEI Number

59-3629937

Applied For

Not Applicable

Zip

32312

Country

USA

Zip

32312

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Thomas K. Hilaman

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

10510 Blue Wing Court

Tallahassee Fla, 32312

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 title 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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	Thomas K. Hilaman	10510 Blue Wing Court	TALLAHASSEE, FLA, 32312
SECRETARY	Patricia Hilaman	10510 Blue Wing Ct.	Tallahassee, Fla. 32312
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas K. Hilaman

Date

Daytime Phone #

11/21/02 850-566-5967

CR2E034B (12/01)

To whom it may concern:

2002

Hilman's Blade Runner Lawn Care
did not receive VBR for 2002.

Document # P00000018276

Thank You