2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037238

1. Entity Name

J. & A. HILLSBOROUGH, INC.

HAVE NOT FILED FORM

RECEIVED
02 APR -8 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~20505 U.S. 19 NORTH #12, PMB 158~~	~~20505 U.S. 19 NORTH #12, PMB 158~~
~~CLEARWATER FL 33764~~	~~CLEARWATER FL 33764~~
140 ISLAND WAY # 193	140 ISLAND WAY # 193
CLEARWATER FL. 33767	CLEARWATER FL. 33767

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3654929 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, ERNESTO	Name
~~13120 N. 19TH STREET~~ 140 ISLAND WAY #193	Street Address (P.O. Box Number is Not Acceptable)
~~TAMPA FL 33612~~ Clearwater, FL. 33767	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

SIGNATURE _____
Signature Typed or Printed Name of Registered Agent and Title if applicable (NOTE: Registered Agent Signature required when resigning) 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 $550.00
After September 12, 2001 Fee will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, ERNESTO	NAME	000005315150--2
STREET ADDRESS	~~20505 U.S. 19 NORTH #12, PMB 158~~	STREET ADDRESS	-04/22/02--01113--016
CITY-ST-ZIP	~~CLEARWATER FL 33764~~	CITY-ST-ZIP	****150.00 ****150.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	140 ISLAND WAY #193	NAME	
STREET ADDRESS	Clearwater FL. 33767	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

4/18

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 empowered.

SIGNATURE: Ernesto Gonzalez — ERNESTO Gonzalez — 7/14/01 — 727-692-4220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #