

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069980

1. Entity Name

HILLSHORE PROPERTIES, INC.

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90075 050 ***150.00

Principal Place of Business

5100 W. COLONIAL DR., #134
ORLANDO FL 32808

Mailing Address

5100 W. COLONIAL DR., #134
ORLANDO FL 32808

2. Principal Place of Business

5100 W. COLONIAL DR

3. Mailing Address

5100 W. COLONIAL DR

Suite, Apt. #, etc.

#134

Suite, Apt. #, etc.

#134

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32808

Country

USA

Zip

32808

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3657731

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

THOMAS, MICHAEL

5100 W. COLONIAL DR., #134
ORLANDO FL 32808

Name

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

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 MICHAEL THOMAS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME THOMAS, MICHAEL
STREET ADDRESS 5100 W. COLONIAL DR., #134
CITY-ST-ZIP ORLANDO FL 32808

☐ Delete

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☐ Change

☐ Addition

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: MICHAEL THOMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/01

407-9243073

CR2E034 (10/00)