CR2E034 (10/02)

FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## May 09, 2003 8:00 am **Secretary of State** DOCUMENT # P00000072381 05-09-2003 90152 024 \*\*\*150.00 1. Entity Name HILL'S CONCRETE CONTRACTORS, INC. Principal Place of Business Mailing Address 622 WINCHESTER ST 622 WINCHESTER ST DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3703764 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL, WALTER Street Address (P.O. Box Number is Not Acceptable) **622 WINCHESTER ST** DAYTONA BEACH FL 32114 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME HILL. WALTER STREET ADDRESS STREET ADDRESS **622 WINCHESTER ST** CITY-ST-ZIP CiTY-ST-7IP **DAYTONA BEACH FL 32114** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HILL, PATRICIA NAME STREET ADDRESS STREET ADDRESS **622 WINCHESTER ST** CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME FLYNT, SONYA STREET ADDRESS STREET ADDRESS **622 WINCHESTER ST** CITY-ST-ZIF CITY-ST-ZIP DAYTONA BEACH FL 32114 TITLE ☐ Change [ ] Addition ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

REQUIRED SIGNATURE RINTED NAME OF SIGNING OFFICER OR DIRECTOR