

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90280 022 \*\*\*150.00

UNR2007  
 AV

**DOCUMENT # P00000116466**

1. Entity Name

**HILL'S CLEANING SERVICE, INC.**

Principal Place of Business

**15177 PARK SIDE DR #5  
 FT MYERS FL 33908**

Mailing Address

**15177 PARK SIDE DR #5  
 FT MYERS FL 33908**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**15178 Parkside Dr.**

3. Mailing Address

**P.O. Box 61582**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Fort Myers, FL**

City & State

**Fort Myers, FL**

Zip

**33908**

Country

**USA**

Zip

**33906**

Country

**USA**

4. FEI Number

**65-1064305**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HILL, KELLY E**

**15177 PARK SIDE DR #5**

**FT MYERS FL 33908**

7. Name and Address of New Registered Agent

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

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) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|---------------------------------|--|---|
| <b>PSTD<br/>HILL, KELLY E<br/>15177 PARK SIDE DR #5<br/>FT MYERS FL 33908</b> | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|   | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|   | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|   | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|   | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|   | <input type="checkbox"/>        |  | <input type="checkbox"/>  |

CR2E034 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02 (239) 281-7688**

Date

Daytime Phone #