

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90101 003 ***150.00

DOCUMENT # P01000019680

1. Entity Name
BEN HILLARD, INC.

Principal Place of Business
10901 BRIGHTON BAY BLVD. NE
APT. 6201
ST. PETERSBURG FL 33716

Mailing Address
10901 BRIGHTON BAY BLVD. NE
APT. 6201
ST. PETERSBURG FL 33716

2. Principal Place of Business
10901 Brighton Bay Blvd NE
 Suite, Apt. #, etc.
Apt 6201

3. Mailing Address
10901 Brighton Bay Blvd. NE
 Suite, Apt. #, etc.
6201

City & State
St. Petersburg FL
 Zip
33716
 Country
Pinellas

City & State
St. Petersburg FL
 Zip
33716
 Country
Pinellas

4. FEI Number
65-108 0006

Applied For
 Not Applicable

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

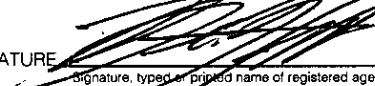
6. Name and Address of Current Registered Agent

~~HILLARD, BEN~~
~~3635 WHITEHALL DR., UNIT 301~~
~~WEST PALM BEACH FL 33401~~

7. Name and Address of New Registered Agent

Name **Ben Hillard**
 Street Address (P.O. Box Number is Not Acceptable)
10901 Brighton Bay Blvd. NE Apt 6201
 City **St. Petersburg** **FL** Zip Code **33716**

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  **Ben Hillard, President** DATE **2/13/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HILLARD, BEN 3635 WHITEHALL DR., UNIT 301 WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILLARD, TAMBRA 3635 WHITEHALL DR., UNIT 301 WEST-PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Hillard, Ben 10901 Brighton Bay Blvd. NE Apt 6201 St. Petersburg FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hillard, Tandra 10901 Brighton Bay Blvd. NE Apt 6201 St. Petersburg FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02 (727)563-0974

Date

Daytime Phone #

MAF0003 AV

CR2E034 (9/01)