

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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90073 031 ***158.75

DOCUMENT # P01000019680

1. Entity Name
BEN HILLARD, INC.



Principal Place of Business
**6125 13TH AVE. SOUTH
GOLFPORT FL 33707**

Mailing Address
**6125 13TH AVE. SOUTH
GOLFPORT FL 33707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1080006**

Applied For
Not Applicable

Zip Country

Zip Country

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

~~HILLARD, BEN
10901 BRIGHTON BAY BLVD. NE
APT 6201
SAINT PETERSBURG FL 33716~~

Name **Ben Hillard**
Street Address (P.O. Box Number is Not Acceptable)
6125 13th Ave South
City **Gulfport** FL Zip Code **33707**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Delete
NAME **HILLARD, BEN**
STREET ADDRESS **10901 BRIGHTON BAY BLVD. NE APT 6201**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE **DPT** ☒ Change ☐ Addition
NAME **Ben Hillard**
STREET ADDRESS **6125 13th Ave South**
CITY-ST-ZIP **Gulfport FL 33707**

TITLE **S** ☒ Delete
NAME **HILLARD, TAMBRA**
STREET ADDRESS **10901 BRIGHTON BAY BLVD. NE APT 6201**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE **S** ☒ Change ☐ Addition
NAME **Tambra Hillard**
STREET ADDRESS **6125 13th Ave South**
CITY-ST-ZIP **Gulfport FL 33707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/03 (727) 345-4211

CR2E034 (10/02)