FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 14, 2003 8:00 am Secretary of State

						_	04-14-20	U3 90/26	045 ***158.75	
1. Entity Name	е	# P01000034	4545							
HILL	al min	ILNE, INO.								
					Seat Property 199	-				
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.	א טכ	OI WRIT	E IN THIS	SPAC						
Principal Place of Business 3. Mailing Address				1 0		1				
101 NE 2nd Street 101 NE 2nd Str Suite, Apt. #, etc. Suite, Apt. #, etc.					<u> </u>	_	DO NOT WRITE IN THIS SPACE			
	Suite, Apt. #, etc. N/A Suite, Apt. #, etc. N/A			A			DO NOT WITE IN THIS GLADE			
City & State Ocala, FL Ocala, FL				- +c#		4. FEI Number Applied For Not Applicable				
Zip 34470	ip Country		Zip 34470	Count	Country		Status Desired		8.75 Additional	
The second of th		Charles Self States (see all 12 Meets)	And There is a second			7. Name and Add	ress of Current		<u> </u>	
4						Name Farkas, Lee B.				
DO NOT WRITE					Street Address (P.O. Box Number is Not Acceptable) 101 NE 2nd Street					
IN THIS SPACE				ar water of Market ar a	101	E 2nd Street				
• '		r grander og skalender og skalend Det skalender og ska	the september of the territories	Living a	City Ocala		· .		Zip Code	
8. The above of	named entity	submits this statement	for the purpose of changi	ing ite regietere			the State of Ek	FL	34470	
the obligation	ons of registe	ered agent.	To the purpose of change	ing its registere	o omee or registe	red agent, or bottl, t	ir the State of Fit	mua. I am lam	inal with, and accept	
0 SIGNATURE _										
		punied name of registered age		(NOTE: Registered	Agent signature require	d when reinstating)		STAC	-	
	After May 1 Amended	y 1. Fee is \$150.00 Fee is \$550.00 UBR is \$61.25 Florida Department					n Campaign Fin fund Contribution		\$5.00 May Be Added to Fees	
10.	D.		D DIRECTORS		Marion V	L.Values, C. Just to A				
TITLE NAME	Direc	s, Lee B.		TITLE		TANK TOWNS				
STREET ADDRESS		■ F			T ADDRESS			3 4	*.	
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CITY-ST-ZIP				* 1.7	ST-ZIP					
NAME				. TITLE . NAME		IN	THIS S	SPAC	E	
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HILE		<u> </u>		i TUTE:	4, 4					
NAME				NAME						
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107E				TITLE	S 1 2 1			<u></u>		
Hidde				NAMË	-					
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST ZIP					
12. Thereby ce	ertily that the	information supplied wi	ith this filling does not qual	lify for the exem	nption stated in Se	ection 119.07(3)(i), F	forida Statutes, I	further certify	that the information	
of the corp	oration or th	or supplemental report e receiver or trustee en ress, with all other like	is true and accurate and inpowered to execute this powered.	that my signatu report as requ	are shall have the ired by Chapter 6	same legal effect as 07, Florida Statutes;	if made under o and that my na	oath; that Lam me appears ir	an officer or director a Block 10 or on an	

Director

April 09, 2003 352-671-0001

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #