

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90905 013 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082030

1. Entity Name

A. CHRISTINE HYLTON, INC



Principal Place of Business

400 SW 43RD PLACE
OCALA FL 34474

Mailing Address

400 SW 43RD PLACE
OCALA FL 34474



2. Principal Place of Business

166 SEMINOLE AVE

Suite, Apt. #, etc.

3. Mailing Address

166 SEMINOLE AVE

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH, FL

4. FEI Number

59-3745295

Applied For

Not Applicable

Zip

321-76

Country

*V01451-9

Zip

321-76

Country

*V01451-9

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

HYLTON, A CHRISTINE

400 SW 43RD PLACE

OCALA FL 34474

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Christine Hylton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PO
HYLTON, A CHRISTINE
400 SW 43RD PLACE
OCALA FL 34474

☐ Delete

TITLE
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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

Christine Hylton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/24/03 (386) 673-0994

CR2E034 (10/02)