

# 2002 UNIFORM BUSINESS REPORT (UBR)

014491 SP

**DOCUMENT # P01000099612**  
 1. Entity Name  
**HILLS METAL ROOF SYSTEMS, INC.**

FILED

02 DEC 12 AM 9:09

Principal Place of Business  
**8261 BRADKRIDGE BLVD SO  
 JACKSONVILLE FL 32216**

Mailing Address  
**8261 BRADKRIDGE BLVD SO  
 JACKSONVILLE FL 32216**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**REINSTATEMENT** DO NOT WRITE IN THIS SPACE *02*

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HILL, JAMES R  
 8261 BRADKRIDGE BLVD SO  
 JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent  
 Name *James Ray Hill*  
 Street Address (P.O. Box Number is Not Acceptable) *8261 Bradkrige Blvd. So.*  
 City *Jacksonville* FL Zip Code *32216*

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 *James Ray Hill* (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HILL, JAMES R</b>	
STREET ADDRESS	<b>8261 BRADKRIDGE BLVD SO</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *James Ray Hill* SIGNATURE REQUIRED

Date *11/10/02*

Daytime Phone #

CR2E034 (4/02)