

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91742 038 ***150.00

0011826 AT

DOCUMENT # P02000000289

1. Entity Name
HILLSIDE HOLDINGS, INC.

Principal Place of Business

**10701 DESOTO RD.
 RIVERVIEW FL 33569-4405**

Mailing Address

**10701 DESOTO RD.
 RIVERVIEW FL 33569-4405**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

11705 BUTETTE RD STE 142

RIVERVIEW FL

33569



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3761336**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DILLON, CHRISTOPHER M
 10701 DESOTO RD.
 RIVERVIEW FL 33569-4405**

7. Name and Address of New Registered Agent

Name
DILLON, CHRISTOPHER M.
 Street Address (P.O. Box Number is Not Acceptable)
11705 BUTETTE RD STE 142
 City **RIVERVIEW** FL Zip Code **33569**

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.

"WITHOUT PREJUDICE UCC 1-207"

SIGNATURE

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

(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 \$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 **D** ☐ Delete
 NAME **DILLON, CHRISTOPHER M**
 STREET ADDRESS **10701 DESOTO RD.**
 CITY-ST-ZIP **RIVERVIEW FL 33569-4405**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIP** ☐ Change ☐ Addition
 NAME **DILLON CHRISTOPHER M.**
 STREET ADDRESS **11705 BUTETTE RD STE 142**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

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

TITLE ☐ Change ☐ Addition
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CR2E034 (9/01)

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:

"WITHOUT PREJUDICE UCC 1-207"
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #