

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

08-21-2003 90106 048 ***550.00

DOCUMENT # P02000005012

1. Entity Name
THE HILLIARD GROUP, INC.



Principal Place of Business
**4406 RIVERVIEW BLVD WEST
BRADENTON FL 34209**

Mailing Address
**4406 RIVERVIEW BLVD WEST
BRADENTON FL 34209**

55055697

2. Principal Place of Business

3. Mailing Address

2811 PALMA SOLA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

BRADENTON FL

4. FEI Number

EIN #90-0005475

Applied For

☐ Not Applicable

Zip

Country

Zip

Country

34209 USA

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

**HILLIARD, DOZIER B
4406 RIVERVIEW BLVD WEST
BRADENTON FL 34209**

Name

JULIANNA H. ROSS

Street Address (P.O. Box Number is Not Acceptable)

2811 PALMA SOLA BLVD

City

BRADENTON

FL

Zip Code

34209

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

Julianna H. Ross

(NOTE: Registered Agent signature required when reinstating)

8/19/2003

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **D** ☐ Delete
NAME **HILLIARD, DOZIER B**
STREET ADDRESS **4406 RIVERVIEW BLVD WEST**
CITY-ST-ZIP **BRADENTON FL 34209**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

Dozier B. Hilliard

8/19/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8941-746-4233

CP2E034 (4/03)