

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91101 018 ***150.00

DOCUMENT # P02000020789

1. Entity Name

HILLMAN CONTRACTING, INC.



Principal Place of Business

2930 N.W. 17TH TERR.

OAKLAND PARK FL 33311

Mailing Address

2930 N.W. 17TH TERR.

OAKLAND PARK FL 33311

2. Principal Place of Business

2280 SW 70th Ave

Suite, Apt. #, etc.

1-2

3. Mailing Address

2280 SW 70th Ave

Suite, Apt. #, etc.

1-2

City & State

DAVIE, FL.

City & State

DAVIE FL.

Zip

33317

Country

Broward

Zip

33317

Country

Broward

4. FEI Number

01-0641489

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HILLMAN, JOE

2930 N.W. 17TH TERR.

OAKLAND PARK FL 33311

7. Name and Address of New Registered Agent

Name

Joe Hillman

Street Address (P.O. Box Number is not acceptable)

2280 SW 70th Ave

Suite 1-2

City

DAVIE

FL

Zip Code

33317

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

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

(NOTE: Registered Agent signature required when reinstating)

3-13-03

DATE

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

TITLE **D** ☐ Delete
NAME **HILLMAN, JOE**
STREET ADDRESS **2930 N.W. 17TH TERR.**
CITY-ST-ZIP **OAKLAND PARK FL 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Joe Hillman**
STREET ADDRESS **11301 Shady Lane**
CITY-ST-ZIP **Plantation, FL 33325**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-03

Date

954-730-0338

Daytime Phone #

CR2E034 (10/02)