

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-11-2003 90185 031 ***150.00

P02000025762

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -7 AM 8:00

DOCUMENT # P02000025762

1. Entity Name
HILLIARD LAND GROUP, INC.



Principal Place of Business
4025 LIVINGSTON ROAD
JACKSONVILLE FL 32257

Mailing Address
PO BOX 16952
JACKSONVILLE FL 32245-6952

REINSTATEMENT 03



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0416202

Applied For

Not Applicable

Zip

Country

Zip

Country

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, STANLEY
4025 LIVINGSTON ROAD
JACKSONVILLE FL 32257

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
HILLIARD, THOMAS
4025 LIVINGSTON ROAD
JACKSONVILLE FL 32257 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVST
HILLIARD, STANLEY
4025 LIVINGSTON ROAD
JACKSONVILLE FL 32257 ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS HILLIARD
PRESIDENT

4/8/

Daytime Phone #

0036101 AV

CR2E034 (10/02)

**Hilliard Land Group, Inc.
4025 Livingston Avenue
Jacksonville, Florida 32257**

October 7, 2003

VIA FACSIMILE: 850-245-6017

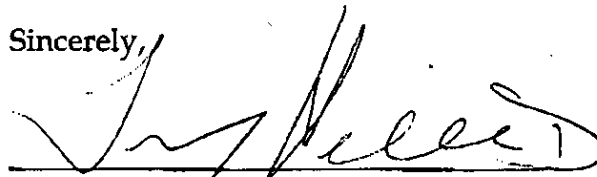
Ms. Ruby Dunlap
Florida Department of State

Re Hilliard Land Group, Inc. - #P02000025762

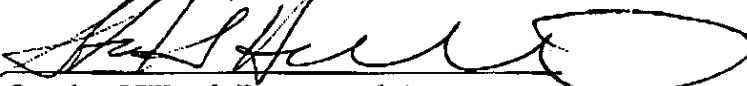
Dear Ms. Dunlap:

Pursuant to our telephone conversation today, we are writing to confirm that we never received correspondence from the Department of State dated April 15, 2003, asking us to make a change on the Uniform Business Report (to add our FEIN). Would you please reinstate the corporation and waive any fees to do so since you have already cashed our check for the normal filing fee. The corporation's FEIN is 03-0416202. We look forward to hearing from you.

Sincerely,



Thomas Hilliard, President



Stanley Hilliard, Registered Agent