## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000040946 **DOCUMENT #** 1. Entity Name

HILLTECH CUSTOM INJECTION MOLDING, INC.



## **FILED** Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90277 009 \*\*\*150.00



						T. 100					
Principal Place of Business 3500 SOUTH ST. TITUSVILLE FL 32780			3500 SOUT	Mailing Address 3500 SOUTH ST. TITUSVILLE FL 32780							
2. Principal	Place of Busin	ess	3. Mailing A	3. Mailing Address			1	Din Boni Dani Gibi		(181 <b>0 8</b> ) (1881	
Suite, Apr	t. #, etc.		Suite, Ap	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & Sta	City & State			4. El Number 657244 Applied For Not Applicable				
Zip Country		Zip	Zip Co			5. Certificate of Status Desired \$8.75 Addit		ot Applicable ditional			
	6. Name	and Address of Curr	ent Registered Ag	ent			7. Name and Address of New		e Require	d	
					Name	_	7. Name and Address of New	negistered Age	nt		
HILL, WILLIAM						Street Address (P.O. Box Number is Not Acceptable)					
5723 ADA ST.						Sileet Address (F.O. bux Number is Not Acceptable)					
COCOA F	L 32927										
A STATE OF THE STA							1000 - 100	FL	Zip Code	e	
8. The above the obliga	e named entity tions of registe	submits this statemer red agent.	nt for the purpose o	f changing its re	egistered office or	registered	d agent, or both, in the State of F	lorida. I am fami	iliar with,	and accept	
SIGNATURE	Signature, typed o	r printed name of registered a	pent and title if applicable	/NOTE: 0	Registered Agent signati						
3.0		FEE IS \$150.00	gon and the mappingable.	(NOTE: I	registered Agent signati	ne tednika w	nen reinstating)	DATE			
Afte	r May 1, 200	Fee will be \$550.	00				9. Election Campaign F		\$5.0	<b>0</b> мау Ве	
Make Check	k Payable to	Florida Departmen	t of State				Trust Fund Contribution	on.	Added	to Fees	
10.	TA	OFFICERS A	ND DIRECTORS		11.		ADDITIONS/CHANGES TO OF	FICERS AND DIF	RECTORS	3 IN 11	
TITLE NAME	D HILL, WILL <i>i</i>	SM.	, C	Delete	TITLE				Change	Addition	
STREET ADDRESS	5723 ADA S				NAME STREET ADDRESS						
C1TY-ST-ZIP	COCOA FL				CITY-ST-ZIP					j	
TITLE				☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS					NAME				•	_	
CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP						
TITLE				Delete	TITLE	<del></del>			Change	- Addition	
NAME			_	_ D01010	NAME			Ц	Change	Addition	
STREET ADDRESS City-St-Zip					STREET ADDRESS						
		<del></del> -			CITY-ST-ZIP			ř·			
TITLE NAME			L	] Delete	, TITLE NAME				Change	☐ Addition	
STREET ADDRESS					STREET ADDRESS					1	
CITY-ST-ZIP					CITY-ST-ZIP					}	
TITLE				Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME Street address	_				NAME					_	
CITY-ST-ZIP	,	e e e e e e e e e e e e e e e e e e e			STREET ADDRESS CITY-ST-ZIP					j	
TITLE		- · · · · · · · · · · · · · · · · · · ·		Delete	TITLE	<del></del>			Change	D Addition	
NAME .					NAME			· 🔲	Change	Addition	
STREET ADDRESS		·		<del></del>	STREET ADDRESS		***		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CITY-ST-ZIP	ortifu that the	oformation supplied w	Calle All 1 - ETC - 1		CITY-ST-ZIP	<u> </u>	•		<u> </u>	1,	
- Hereuvic	ених ины тре л										

r nereby 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 given like empowered.

SIGNATURE: