


**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90047 019 \*\*\*150.00

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

DOCUMENT # P02000095311			
1. Entity Name: <b>HUNTER HILL, INCORPORATED</b>			
Principal Place of Business 8607 CHADWICK DRIVE TAMPA, FL 33635		Mailing Address 8607 CHADWICK DRIVE TAMPA, FL 33635	
2. Principal Place of Business <b>737 Main Street</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>#104</b>		Suite, Apt. #, etc.	
City & State <b>Safety Harbor, FL</b>		City & State	
Zip <b>33635</b>		Zip	
Country <b>US</b>		Country	
4. FEI Number <b>82-0572741</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HILL, RHONDA L 8607 CHADWICK DRIVE TAMPA, FL 33635</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is not acceptable)		Street Address (P.O. Box Number is not acceptable)	
City		City	
FL		FL	
Zip Code		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, if applicable, (NOTE: Registered Agent's signature required when withdrawing) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<b>PRESIDENT DIANNE HUNTER 2890 8th AVE. N. ST. PETE, FL 33713</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT RHONDA HILL 8607 Chadwick Dr. Tampa, FL 33635</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT Rhonda Hill 8607 Chadwick Dr. Tampa, FL 33635</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR Shelton Hunter 2890 8th AVE. N. ST. PETE, FL 33713</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR Chad Hill 8607 Chadwick Dr. Tampa, FL 33635</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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)(c), 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 officers empowered.			
SIGNATURE: 		5/1/03 83818 8335	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2004 (10/02)