2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2003 8:00 am Secretary of State

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DOCUMENT # P02000116893 1. Entity Name HILL HOMES, INC.					04-18-2003 90104 035 ***150.00			
Principal Place of Business 1218 WATERFORD DRIVE LAKELAND FL 33803 Mailing Address 1218 WATERFORD DRIVE LAKELAND FL 33803 LAKELAND FL 33803					JUJUJU XU.			
2. Principal I	Place of Business	3. Mailing Address		- 4				
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	4. FEI Number 772 - 1540896 Applied For Not Applicable			
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Registers	ad Agent] .	
			Name	<u>.</u>	متعاد عداد ويد وهنيدين		1	
STEPHENS, BRIAN N			Street A	Street Address (P.O. Box Number is Not Acceptable)				
1218 WATERFORD DRIVE			<u> </u>				4	
LAKELAN	ID FL 33803	•						
AD			City	FL Zip Code				
8. The above	e named entity submits this statement for	r the purpose of changing its r	egistered office o	registered a	agent, or both, in the State of Florida. I a	ım familiar with, and accept	7	
the obliga	ations of registered agent.	Q1 Stool	•		11-11	r_12		
SIGNATURE	Signature, typed or phyted rights registered agent.	Brica Stephen	Registered Agent signal		9-1.	2.07		
		TO THE PROPERTY OF THE PARTY OF	nogolate: Agent signal	ne required witer	(All states of the states of t			
	ILE-NOWIII-FEE IS \$150.00 Ir May 1, 2003 Fee will be \$550.00				Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be		
Make Chec	k Payable to Florida Department of							
10.	OFFICERS AND		11.	A	ADDITIONS/CHANGES TO OFFICERS A]_	
TITLE	PS STEPHENS, BRIAN N	Delete	TITLE	Ì		☐ Change ☐ Addition	18	
NAME STREET ADDRESS	1218 WATERFORD DRIVE		NAME Street Address	_			15	
CITY-ST-7IP	LAKELAND FL 33803		CITY-ST-ZIP			٠.,	l Š	
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12. I hereby certify that the information supplied with this filling 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 propriative 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 employeered 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 at other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIT COMPLE RECURSIVE OF DESCRIPTION OF THE PROPERTY OF DESCRIPTION

4-15-03

863-647-8600