

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38153

1. Entity Name
HILLER SERVICES, INC.

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90006 002 ***550.00

Principal Place of Business

P.O. BOX 91508
MOBILE AL 36691-1508

Mailing Address

P.O. BOX 91508
MOBILE AL 36691-1508

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-1065043

Applied For

Not Applicable

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

ROBINSON, C. FREDERICK
3245 WEST FAIRFIELD DR.
PENSACOLA FL 32505

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

08/08/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GREENWOOD, L. DUNCAN
STREET ADDRESS 3751 JOY SPRINGS DRIVE
CITY-ST-ZIP MOBILE AL 36693

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

TITLE VSD ☐ Delete
NAME ROBINSON, C. FREDERICK
STREET ADDRESS 3245 W. FAIRFIELD DR.
CITY-ST-ZIP PENSACOLA FL

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

TITLE CON ☐ Delete
NAME SAVADRA, E. L.
STREET ADDRESS 3751 JOY SPRINGS DRIVE
CITY-ST-ZIP MOBILE AL 36693

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 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

08/08/01

Date

251-
661-1275

Daytime Phone #

CR2E034 (5/01)