

2001

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000026384

1. Entity Name

HILL INSURANCE AGENCY, INC.

FILED  
May 22, 2001 8:00 am  
Secretary of State

05-22-2001 90628 047 \*\*\*150.00

Principal Place of Business

1 W CAMINO REAL  
SUITE 208  
BOCA RATON FL 33432

Mailing Address

1 W CAMINO REAL  
SUITE 208  
BOCA RATON FL 33432-5966

Principal Place of Business

4251 S.W. 7th Street

Suite, Apt. #, etc.

Mailing Address

4251 S.W. 7th STREET

Suite, Apt. #, etc.

City &amp; State

PLANTATION, FL 33317

City &amp; State

PLANTATION, FL 33317

Zip

33317

Country

BROWARD

Zip

33317

Country

BROWARD

4. FEI Number

65-0440789

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HILL, IRWIN  
1 W CAMINO REAL  
SUITE 208  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

HILL, IRWIN

Street Address (P.O. Box Number is Not Acceptable)

4251 S.W. 7th Street

City

PLANTATION

FL

Zip Code

33317

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and, if not applicable,

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00  
After MAY 1, 2000: Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HILL, IRWIN  
1 W CAMINO REAL SUITE 208  
BOCA RATON FL 33432 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
HILL, LYNDIA W.  
4251 SW 7TH STREET  
PLANTATION FL 33317 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HILL, IRWIN  
4251 S.W. 7th Street ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PLANTATION, FL 33317 ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

Date

Daytime Phone #

Irwin P. Hill

IRWIN P HILL

4-30-01 954 587-6044

1-29-00

750-19544