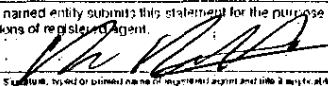


FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90122 044 ***150.00

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

DOCUMENT # P93000032683		
1. Entity Name RICK AND DENISE HILLIARD, INC.		
Principal Place of Business 219 SANDY CIRCLE SOUTH DAYTONA, FL 32119		Mailing Address 219 SANDY CIRCLE SOUTH DAYTONA, FL 32119
2. Principal Place of Business 229 Sandy Cir. Suite, Apt., #, etc. South DAYTONA. City & State FLA. Zip 32119 County Volusia.		 ☐ CHECK HERE IF MAKING CHANGES
3. Principal Place of Business 229 Sandy Cir. Suite, Apt., #, etc. South DAYTONA. City & State FLA. Zip 32119 County Volusia.		
4. FEI Number 59-3189934		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROSE, JAMES L 20 N. HALIFAX DAYTONA BEACH, FL 32118 SAME AS A BOUE		7. Name and Address of New Registered Agent Name Rick Hilliard Street Address (P.O. Box Number is Not Acceptable) 229 Sandy Cir. City South Daytona FL 32119
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  DATE 4-1-03		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 D HILLIARD, RICK 219 SANDY CIRCLE SOUTH DAYTONA, FL 32119 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HILLIARD, DENISE 219 SANDY CIRCLE SOUTH DAYTONA, FL 32119 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(X), 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 like empowered.		
SIGNATURE:  DATE 4-1-03		386 7885434