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.

90070157

Principal Place of Business	Mailing Address
219 SANDY CIRCLE SOUTH DAYTONA, FL 32119	219 SANDY CIRCLE SOUTH DAYTONA, FL 32119

2. Principal Place of Business	3. Mailing Address
New Address	229 Sandy Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc. South Daytona.
City & State	City & State Fla.
Zip / Country	Zip 32119 / County Volousia.

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
ROSE, JAMES L 120 N HALIFAX DAYTONA BEACH, FL 32118 SAME AS ABOVE	Name Rick Hilliard Street Address (P.O. Box Number Is Not Acceptable) 229 Sandy Cir. City South Daytona FL Zip Code 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 [signature] 4-1-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HILLIARD, RICK		NAME	
STREET ADDRESS	219 SANDY CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HILLIARD, DENISE		NAME	
STREET ADDRESS	219 SANDY CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2EC34 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-1-03 386 7885434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #