

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90634 047 \*\*\*150.00

**DOCUMENT # P94000000514**



1. Entity Name  
**HILL/NARDONE, INC.**

Principal Place of Business  
**320 5TH STREET  
KEY COLONY BEACH FL 33051  
US**

Mailing Address  
**P.O. BOX 522347  
MARATHON FL 33052  
US**



2. Principal Place of Business  
**5800 Overseas Hwy  
Suite 17**

3. Mailing Address  
**5800 Overseas Hwy  
Suite 17**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Marathon, FL**  
Zip  
**33050**  
Country  
**USA**

City & State  
**MARATHON, FL**  
Zip  
**33050**  
Country  
**USA**

4. FEI Number **65-0457989**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MOTLEY, APRIL  
C/O CREST TITLE COMPANY  
9585 OVERSEAS HIGHWAY  
MARATHON FL 33050**

**7. Name and Address of New Registered Agent**

Name  
**Motley, April**  
Street Address (P.O. Box Number is Not Acceptable)  
**c/o Crest Title Company**  
**10925 Overseas Hwy**  
City **Marathon** FL Zip Code **33050**

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, 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HILL, P. MORGAN</b>	
STREET ADDRESS	<b>320 5TH STREET</b>	
CITY-ST-ZIP	<b>KEY COLONY BEACH FL 33050</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NARDONE, PAULA R</b>	
STREET ADDRESS	<b>320 5TH STREET</b>	
CITY-ST-ZIP	<b>KEY COLONY BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1400 79th St., O.</b>	
CITY-ST-ZIP	<b>Marathon, FL 33050</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1400 79th St., O.</b>	
CITY-ST-ZIP	<b>MARATHON, FL 33050</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 **PAULA R. NARDONE** **4/14/03 305-743-9393**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)