FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 26, 2001 8:00 am Secretary of State DOCUMENT # **P94000067080** 1. Entity Name HILCO INVESTMENTS, INC. 03-26-2001 90143 024 ***150.00 Principal Place of Business Mailing Address 27740 SANDBAGGER LANE 27740 SANDBAGGER LANE WESLEY CHAPEL FL 33544 AUU37377 WESLEY CHAPEL FL 33544 3. Mailing Address 2. Principal Place of Business 18017 WYNTHORNE DRIVE 18017 WYNTHORNE DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3267132 Not Applicable TAMPA, FL TAMPA, FL Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 33647 33647 US US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HILL. TERRY A. HILL, TERRY A Street Address (P.O. Box Number is Not Acceptable) 27746 SANDBAGGER LANE 18017 WYNTHORNE DRIVE **SUITE 314 WESTLEY CHAPEL FL 33544** Zip Code 33647 TAMPA 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 X] Change ☐ Addition TITLE □ Delete TITLE PD NAME NAME HILL TERRY A HILL, TERRY A STREET ADDRESS STREET ADDRESS 27740 SANDBAGGER LANE 18017 WYNTHORNE DRIVE CITY-ST-ZIP CITY-ST-ZIP WESLEY CHAPEL FL 33544 TAMPA, FL 33647 ☐ Addition TITLE Change □ Delete STD TITLE. STD NAME NAME HILL. GERALD K HILL, GERALD K STREET ADDRESS STREET ADDRESS 27740 SANDBAGGER LANE 18017 WYNTHORNE DRIVE CITY-ST-ZIP CITY-ST-7IP WESLEY CHAPEL FL 33544 \mathtt{TAMPA} . FI. ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L PRES.

3-24-01

(813)973-45