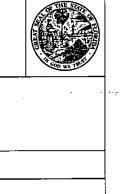
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P94000067080 **DOCUMENT #**

1. Entity Name

HILCO INVESTMENTS, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90853 011 ***150.00

					A CON WE THE					
Principal Place of Business 16504 ADAJA DE AVILA. TAMPA FL 33613			Mailing Address 16504 ADAJA DE AVILA TAMPA FL 33613			- - - - - -				
2. Principal P	Place of Business		3. Mailing Address			-				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			-	☐ CHECK HERE	IF MAKING	CHANGES	
City & State	e	····	City & State			4. FEI Number 59-3267132 Applied For Not Applicable				
Zip	Zip Country		Zip Co		ntry			8.75 Add	litional	
	6. Name an	d Address of Curren	t Registered Agent			7. Name ar	nd Address of New R	egistered A	gent	
		_	•		Name					
HILL, TERRY A 16504 ADAJA DE AVILA					Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL	_ 33613				City			FL	Zip Code	e
the obligati	tions of registere		for the purpose of cha		ed Agent signature require	d when reinstating)		DATE		
After	r May 1, 2003 .i	Fee will be \$550.00 orlda Department	of State				Election Campaign Fir Trust Fund Contributio	n. 🗆	Added	0 May Be to Fees
10 4		OFFICERS AN		11.		ADDITION	S/CHANGES TO OFF		_	
THILE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, TERRY 16504 ADAJA TAMPA FL 33	DE AVILA	□ De	NAM STR					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HILL, GERALI 16504 ADAJ/ TAMPA FL 33	DE AVILA	□ De	NAA Str					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NAM STR		- -		-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NAA STR					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		□ De	NAN STR					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			De	NAM STR CITY	ME EET ADDRESS Y-ST-ZIP	Parties 110 07/	23Vi) Elevido Chatago		☐ Change	Addition

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(f), Florida statutes. Floring that it is 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 OF PRINTED NAME OF SIGNING OFFICERIOR DIRECTOR