

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096261

1. Entity Name  
HILLSBOROUGH CAPITAL CORPORATION



**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90331 035 \*\*\*150.00

6168890

Principal Place of Business  
1304 DESOTO AVE  
STE 304  
TAMPA FL 33606  
US

Mailing Address  
1304 DESOTO AVE  
STE 304  
TAMPA FL 33606  
US

2. Principal Place of Business  
1720 W. Cass St.

3. Mailing Address  
1720 W. Cass St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa, FL

City & State  
Tampa, FL

Zip Country  
33606 USA

Zip Country  
33606 USA

4. FEI Number 59-3348713

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

MEYERS, BRAD  
1304 DESOTO AVE  
STE 304  
TAMPA FL 33606

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1720 W. Cass St.  
City Zip Code  
Tampa FL 33606

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 \_\_\_\_\_ (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 P  
NAME COLBY, CHAD E.  
STREET ADDRESS 5202 FRIAR TUCK CT  
CITY-ST-ZIP TAMPA FL 33647-2105

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPS  
NAME MEYERS, BRADLEY S.  
STREET ADDRESS 101 HURON AVE  
CITY-ST-ZIP TAMPA FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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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(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: Brad Meyers

4/28/03

(813) 258-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)