

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90060 020 ***150.00

DOCUMENT # P96000052730

1. Entity Name

HILLTOP BUILDERS, INC.

Principal Place of Business

5914 HILLTOP AVENUE
 PANAMA CITY FL 32408

Mailing Address

5914 HILLTOP AVENUE
 PANAMA CITY FL 32408

2. Principal Place of Business

1043 CELEBRITY CIR.

3. Mailing Address

1043 CELEBRITY CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHIPLEY FL

City & State

CHIPLEY FL

4. FEI Number

59-3380615

Applied For

Not Applicable

Zip

32428

Country

WASHINGTON

Zip

32428

Country

WASHINGTON

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WALTERS, KENNETH R
 5914 HILLTOP AVENUE
 PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent

Name

KENNETH R. WALTERS

Street Address (P.O. Box Number is Not Acceptable)

1043 CELEBRITY CIRCLE

City

CHIPLEY

FL

Zip Code

32428

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.

SIGNATURE

Donna Walters

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-02

9. This corporation is eligible to satisfy its intangible
 tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WALTERS, KENNETH R
 CITY-ST-ZIP 5914 HILLTOP AVENUE
 PANAMA CITY BEACH FL 32408

TITLE ☐ Delete
 NAME S
 STREET ADDRESS WALTERS, DONNA
 CITY-ST-ZIP 5914 HILLTOP AVENUE
 PANAMA CITY BEACH FL 32408

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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.

SIGNATURE:

Donna Walters

DONNA WALTERS

4-1-02

850 773-7207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)