## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P96000064916**

HILL'S AUTO WORLD INC.

| Zip                           | Country | Zip  | Country |
|-------------------------------|---------|--|---------|
| City & State                  |         | City & State                                   |         |
| Suite, Apt. #, etc.           |         | Suite, Apt. #, etc.                            |         |
| . Principal Place of Business |         | 3. Mailing Address                             |         |
| SOUTH OAK AVENUE              |         | 508 SOUTH OAK AVENUE<br>BOWLING GREEN FL 33834 |         |
| rincipal Place of Business    |         | Mailing Address                                |         |

**FILED** May 08, 2000 8:00 am Secretary of State

05-08-2000 90110 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0692293 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name HILL, JAMES DAVID Street Address (P.O. Box Number is Not Acceptable) 16 GRADY REVELL ROAD WAUCHULA FL 33873 Zip Code FL 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. П 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 12. 11. ☐ Addition DVS Change ☐ Delete TITLE TITLE HILL, JAMES DAVID NAME NAME STREET ADDRESS **16 GRADY REVELL ROAD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WAUCHULA FL 33873 ☐ Change ☐ Addition DPT □ Delete TITLE TITLE HILL, DANIEL LEE NAME NAME STREET ADDRESS 16 GRADY REVELL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WAUCHULA FL 33873 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone # Date

CR2E034 (9/99