2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State
01-16-2002 90005 011 ***150.00

DOCUMENT # P96000064916

1. Entity Name
HILL'S AUTO WORLD INC.

Principal Place of Business	Mailing Address
508 SOUTH OAK AVENUE BOWLING GREEN FL 33834	508 SOUTH OAK AVENUE BOWLING GREEN FL 33834

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4205 US Hy 17 N	4205 Hy 17 N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bowling Green Fl	City & State: Bowling Green Fl
Zip: 33834 Country: HARDee	Zip: 33834 Country: Hardee

4. FEI Number 65-0692293 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, JAMES DAVID
16 GRADY REVELL ROAD
WAUCHULA FL 33873

7. Name and Address of New Registered Agent

Name: Daniel L Hill
Street Address (P.O. Box Number is Not Acceptable): 313 Georgia St
City: Wauchula FL Zip Code: 33873

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: Daniel L Hill DPT DATE: 1-8-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HILL, JAMES DAVID 16 GRADY REVELL ROAD WAUCHULA FL 33873	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HILL, DANIEL LEE 16 GRADY REVELL ROAD WAUCHULA FL 33873	☐ Delete	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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Daniel L Hill — Date: 1-8-02 — Daytime Phone #: 863-375-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)