2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State DOCUMENT # P96000082352 1. Entity Name 05-17-2001 91354 036 ***150.00 HILL AUTOMOTIVE INC. Principal Place of Business Mailing Address 234 INDUSTRIAL LOOP 234 INDUSTRIAL LOOP ORANGE PARK FL 32073 ORANGE PARK FL 32073 767165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3405499 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL, JAMES A SR Street Address (P.O. Box Number is Not Acceptable) 234 INDUSTRIAL LOOP **ORANGE PARK FL 32073** City Zip Code 8. The above named ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. 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. CR2E034 (10/00) ☐ Change ☐ Addition TITLE TITLE ☐ Delete HILL, JAMES A JR NAME 615 CHARTER CAROLL STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP TITLE ST ☐ Delete TITLE ☐ Change ☐ Addition HILL, JEFFERSON S NAME NAME 3008 WAVERING CT STREET ADDRESS STREET ADDRESS MIDDLEBURG FL 32068 CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete Change. ☐ Addition_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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

er like empowered.

SIGNATURE:

FILED

Daytime Phone #