2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State
05-31-2000 90101 011 ***150.00

DOCUMENT # P97000007474

1. Entity Name
Hillcrest Collections, Inc

Principal Place of Business	Mailing Address
18500 U.S. HWY. 441 MOUNT DORA FL 32757 US	PO BOX 1364 MOUNT DORA FL 32756-1364 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7110 Beech Ridge Trail	RMB 324-6753 Thomasville Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 108
City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32312 Country Leon	Zip 32312 Country USA

4. FEI Number
59-3446230
☐ 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
	Name: Lance Hampton Street Address (P.O. Box Number is Not Acceptable): 7110 Beech Ridge Trail City: Tallahassee FL Zip Code: 32312

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: _____ Lance Hampton _____ 6-29-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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	HILL, KAY 1206 OLD EUSTIS ROAD MOUNT DORA FL 32757 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hill, Kay 7110 Beech Ridge Trail Tallahassee, FL 32312 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hill, Eugene ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hill, Eugene 7110 Beech Ridge Trail Tallahassee, FL 32312 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. HAMPTON, LANCE 6861 SYLVAN WOODS CT SANFORD FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hampton, Lance 7110 Beech Ridge Trail Tallahassee FL 32312 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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

CR2E034 (9/99)

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: _____ Lance Hampton 5-1-00 850-668-3312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #