

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011796

1. Entity Name
FAIR HILL CORPORATION, INC.

Principal Place of Business
106 HANCOCK BRIDGE PKWY
UNIT D-16
CAPE CORAL FL 33990
US

Mailing Address
4174 EDGEWOOD AVENUE
FORT MYERS FL 33916

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0725233

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

ALIMENTI, JEAN
4174 EDGEWOOD AVENUE
FORT MYERS FL 33916

Name
JOHN G. PAUL, JR., CPA
Street Address (P.O. Box Number is Not Acceptable)
120 DEL PRADO BLVD. S., SUITE 3
City
CAPE CORAL FL Zip Code
33990

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.

JOHN G. PAUL, JR., CPA
(NOTE: Registered Agent signature required when reinstating)

4/24/01
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, 2001 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
DPST
ALIMENTI, JEAN
4174 EDGEWOOD AVENUE
FORT MYERS FL 33916 ☒ 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
DPST
LEONZIO, LISA
428 ROCK CHURCH ROAD
ELKTON, MD 21921 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA A LEONZIO, PRESIDENT

4/26/01 (941) 458-4044
Date Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90001 011 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)