FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90128 024 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

10097377

DOCUMENT # P97000012835

1. Entity Name
HIDDEN VIEW, INC.

Principal Place of Business	Mailing Address
8541 MATHONIA AVE. JACKSONVILLE, FL 32211-5127	8541 MATHONIA AVE. JACKSONVILLE, FL 32211-5127

2. Principal Place of Business	3. Mailing Address
4555 OAKBROOKE CT.	4555 OAKBROOKE CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32277 Country	Zip: 32277 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3433116 ☐ 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
AMY, ROBERT N JR. 8541 MATHONIA AVE. JACKSONVILLE, FL 32211-5127	Name: Street Address (P.O. Box Number is Not Acceptable): 4555 OAKBROOKE CT City: JACKSONVILLE, FL Zip Code: 32277

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	AMY, ROBERT N. J		NAME		
STREET ADDRESS	8541 MATHONIA AVE		STREET ADDRESS	4555 OAKBROOKE CT.	
CITY-ST-ZIP	JACKSONVILLE, FL 32211		CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert N. Amy Jr. 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #