

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000026572**

1. Entity Name

HILTON, HILTON, KOLK & ROESCH, P.A.**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-19-2001 90054 040 ***150.00

Principal Place of Business

**1610 BECK AVENUE
PANAMA CITY FL 32405**

Mailing Address

**1610 BECK AVENUE
PANAMA CITY FL 32405****CU048711**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4116 Highway 231 North

3. Mailing Address

P.O. Box 59462

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, FL 32404

City & State

Panama City, FL 32412-0462

4. FEI Number

59-3433296

Applied For

Not Applicable

Zip

Country

32404

Zip

Country

32412-04625. 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

**KOLK, JACALYN N
1610 BECK AVENUE
PANAMA CITY FL 32405**

Name

Street Address (P.O. Box Number is Not Acceptable)

4116 Highway 231 North

City

Panama City,**FL**Zip Code
32404

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.

(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, 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	<input checked="" type="checkbox"/> Delete
	S	ROESCH, LAURA	1610 BECK AVE PANAMA CITY FL 32405	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
O/D	Jacalyn N. Kolk	4116 Highway 231 North	Panama City, FL 32404	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O/D	Julie K. Hilton	4116 Highway 231 North	Panama City, FL 32404	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Jacalyn N Kolk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-13-01

Daytime Phone #

**850
785-0535**

CR2E034 (10/00)