

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 02, 2001 8:00 am**
Secretary of State

02-02-2001 90254 018 ***150.00

DOCUMENT # P97000077577

1. Entity Name

HILL'S HOME CARE, INC.

Principal Place of Business

**8130 BAYMEADOWS CIR W
210
JACKSONVILLE FL 32256**

Mailing Address

**8130 BAYMEADOWS CIR W
210
JACKSONVILLE FL 32256**

2. Principal Place of Business

9471 Baymeadows Rd.

Suite, Apt. #, etc.

#305

3. Mailing Address

9471 Baymeadows Rd.

Suite, Apt. #, etc.

#305

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32256

Country

Duval

Zip

32256

Country

Duval4. FEI Number **59-3467081**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HILL, DAVID A
8130 BAYMEADOWS CIR W
210
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name

Hill, David A.

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

9471 Baymeadows Rd., Ste #305

City

Jacksonville

FL

Zip Code

32256

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

David A. Hill

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-24-2001

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

TITLE **D** ☐ Delete
NAME **HILL, DAVID A**
STREET ADDRESS **8130 BAYMEADOWS CIR W # 210**
CITY-ST-ZIP **JACKSONVILLE FL 32256**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Hill, David A.**
STREET ADDRESS **9471 Baymeadows Rd., Ste #305**
CITY-ST-ZIP **Jacksonville, FL 32256**TITLE **Vice-President** ☐ Change ☒ Addition
NAME **Hill, Malorie S.**
STREET ADDRESS **9471 Baymeadows Rd., Ste #305**
CITY-ST-ZIP **Jacksonville, FL 32256**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David A. Hill** **David A. Hill**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-24-2001 (904) 737-1663

Daytime Phone #

CR2E034 (10/00)