## 2001 UNIFORM BUSINESS REPORT (UBR)

Aorus gota

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 24, 2001 8:00 am Secretary of State DOCUMENT # **P98000020540** 1. Entity Name HILDARCH ENTERPRISES, INC. 04-24-2001 90082 001 \*\*\*150.00 04-24-2001 90082 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 1692 GEORGETOWNE BLVD 1692 GEORGETOWNE BLVD 00400 SARASOTA FL 34232 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0817571 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Delete TITLE Change ☐ Addition HORNAGOLD, HARRY V NAME NAME STREET ADDRESS STREET ADDRESS 1692 GEORGETOWNE BLVD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 Change Change ☐ Addition TITLE ☐ Delete TITLE HORNAGOLD GREGORY R. 5415 STH STREET COURT EAST HORNAGOLD, GREGORY R NAME NAME STREET ADDRESS STREET ADDRESS 1692 GEORGETOWNE BLVD CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34232 BRADENTON, FLORIDA 34207 ☐ Change ■ Addition TITLE ☐ Delete TITLE HORNAGOLD, CAROL J --- ---NAME NAME STREET ADDRESS STREET ADDRESS 1692 GEORGETOWNE BLVD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete 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 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.