

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90164 048 ***150.00

DOCUMENT # **P98000030481**

1. Entity Name

HNA MARKETING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

204 WINNACREE

Suite, Apt. #, etc.

3. Mailing Address

204 WINNACREE DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

STUART, FL

City & State

STUART, FL

4. FEI Number

650824881

Applied For
Not Applicable

Zip

34994

Country

USA

Zip

34994

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM HILL

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

1775 NW FORK RD

STUART, FL

City

FL

Zip Code

34994

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PS
WILLIAM HILL
1775 NW FORK RD
STUART, FL 34994**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VT
LYNN S. HILL
1775 NW FORK RD
STUART, FL 34994**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William C. Hill WILLIAM HILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 772-220-8058

Date

Daytime Phone #

CR2E034B (12/01)