

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90073 036 ***150.00

DOCUMENT # P98000096234

1. Entity Name
HILLSIDE-CLEARWATER, INC.



Principal Place of Business
**123 MCMULLEN BOOTH RD.
CLEARWATER FL 33759**

Mailing Address
**123 MCMULLEN BOOTH RD.
CLEARWATER FL 33759**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0877356**

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

**DAVID, GAYNES M ESQ
7153 CATANIA DRIVE
BOYNTON BEACH FL 33437**

Name **Joseph D. McGavin**

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

2560 2560 62nd Ave N

City **St Petersburg**

FL

Zip Code
33702

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 **Joseph D McGavin**

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 **PD**
NAME **MCGAVIN, JOSEPH D** ☐ Delete
STREET ADDRESS **123 MCMULLEN BOOTH RD. - Change ADDRESS**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **PD**
NAME **McGavin Joseph D** ☐ Change ☐ Addition
STREET ADDRESS **2560 2560 62nd Ave N**
CITY-ST-ZIP **St Petersburg FL 33702**

TITLE **D**
NAME **MCGAVIN, AUSTIN W** ☐ Delete
STREET ADDRESS **1859 NORTH PINE ISLAND ROAD**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **MCGAVIN, ADAM E** ☐ Delete
STREET ADDRESS **4546 SOUTH SEMORAN BOULEVARD**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03

Date

954 683-0862

Daytime Phone #

CR2E034 (10/02)