

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0447935 AV

DOCUMENT # P99000001051

1. Entity Name
H I P VENTURES, INC.



04-28-2003 91447 006 ***185.00

Principal Place of Business
**107 12 STREET SW
RUSKIN FL 33570**

Mailing Address
**107 12 STREET SW
RUSKIN FL 33570**



2. Principal Place of Business

3. Mailing Address

18050 U.S. Hwy 301

P.O. BOX 267

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

CITRA, FL.

City & State

CITRA, FL.

4. FEI Number

59-3554272

Applied For

Not Applicable

Zip

32113

Country

MARION

Zip

32113

Country

MARION

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

**TANNER, JAMES R
107 12TH STREET SW
RUSKIN FL 33570**

Name
MARCIA J. TANNER

Street Address (P.O. Box Number is Not Acceptable)
1349 NEW BEDFORD DR.

City
SUN CITY CENTER FL Zip Code
33573

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

Marcia J. Tanner **MARCIA J. TANNER** **4-22-03**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
TANNER, JAMES R
107 12 STREET SW
RUSKIN FL 33570** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
TANNER, MARCIA J
107 12 STREET SW
RUSKIN FL 33570** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
1349 New Bedford DR.
SUN CITY CENTER, FL. 33573** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SIEGRIST, LORENE E.
212 S PEBBE BCH BLVD
SUN CITY CENTER FL 33573** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1349 New Bedford DR. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
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TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

MARCIA J. TANNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 **813-309-2581**
Date Daytime Phone #

CR2E034 (10/02)