

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012471

1. Entity Name

HILDRETH ENTERPRISES, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90222 024 ***150.00

Principal Place of Business

Mailing Address

8801 HUNTER'S LAKE DRIVE #923
TAMPA FL 33647

8801 HUNTER'S LAKE DRIVE #923
TAMPA FL 33647-2858

2. Principal Place of Business

3. Mailing Address

19169 PORTOFINO DRIVE

19169 PORTOFINO DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3559101

Applied For

Not Applicable

Zip

Country

33647

USA

Zip

Country

33647

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HILDRETH, TERESA
CITY-ST-ZIP 8801 HUNTER'S LAKE DRIVE #923
TAMPA FL 33647

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 19169 PORTOFINO DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Delete
NAME D
STREET ADDRESS HILDRETH, JIMMIE
CITY-ST-ZIP 8801 HUNTER'S LAKE DRIVE #923
TAMPA FL 33647

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 19169 PORTOFINO DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ 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:

Teresa Hildreth TERESA HILDRETH

Date

4-6-00

Daytime Phone #

813-631-8278

CR2E034 (9/99)