

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90034 015 ***150.00

DOCUMENT # P99000042667

1. Entity Name
HILLERS EXPRESS, INC.

Principal Place of Business Mailing Address **SAME**
~~6301 TIDEWATER ISLAND CIRCLE~~ ~~6301 TIDEWATER ISLAND CIRCLE~~
~~FORT MYERS FL 33908~~ ~~FORT MYERS FL 33908 4687~~
2460 VANDERBILT BEACH RD #40
NAPLES, FL 34109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0928785** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~ROBISON, LINDA R~~ **CHRISTINE LAPIDUS**
~~6450 PINE AVE~~
~~SANIBEL FL 33957~~

7. Name and Address of New Registered Agent
 Name **CHRISTINE LAPIDUS**
 Street Address (P.O. Box Number is Not Acceptable) **6301 TIDEWATER ISLAND CIRCLE**
 City **FORT MYERS** FL Zip Code **33908**

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 *Christine Lapidus* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D <input type="checkbox"/> Delete
NAME	LAPIDUS, CHRISTINE
STREET ADDRESS	6301 TIDEWATER ISLAND CIRCLE
CITY-ST-ZIP	FORT MYERS FL 33908
TITLE	D <input type="checkbox"/> Delete
NAME	LAPIDUS, DAVID
STREET ADDRESS	6301 TIDEWATER ISLAND CIRCLE
CITY-ST-ZIP	FORT MYERS FL 33908
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Christine Lapidus*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00 **941-594-2525**
 Date Daytime Phone #