

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059764

1. Entity Name
SHILL, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90111 014 ***150.00

Principal Place of Business
8102 NORTH SHELDON ROAD
#1704
TAMPA FL 33615

Mailing Address
8102 NORTH SHELDON ROAD
#1704
TAMPA FL 33615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8102 N. Sheldon Rd #1904
Suite, Apt. #, etc.
1904

3. Mailing Address
8102 N Sheldon Rd
Suite, Apt. #, etc.
#1904

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number 59-3589347

Applied For
Not Applicable

Zip 33615 Country USA

Zip 33615 Country U.S.A

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

HILL, SHELBY M
8102 N. SHELDON RD. #1704
TAMPA FL 33615

Name Shelby M. Hill
Street Address (P.O. Box Number is Not Acceptable)
8102 N. Sheldon Rd. #1904
City Tampa, FL Zip Code 33615

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 *Shelby M. Hill*

2-1-01

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, 2001 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 P
NAME HILL, SHELBY M
STREET ADDRESS 8102 N. SHELDON RD #1704
CITY-ST-ZIP TAMPA FL 33615

TITLE
NAME Shelby M. Hill
STREET ADDRESS 8102 N. Sheldon #1904
CITY-ST-ZIP Tampa, FL 33615

TITLE
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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)(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: *Shelby M. Hill* shelby M. Hill

2-1-01

813-290-1157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)