

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 03, 2003 8:00 am  
Secretary of State

02-03-2003 90291 041 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

|   |  |   |  |
|---|--|---|--|
| <b>DOCUMENT #</b> P99000075756  |  | <b>1. Entity Name</b><br>1701 HILLMOOR, INC.                    |  |
| <b>Principal Place of Business</b><br>2090 SE OCEAN BLVD<br>STUART FL 34996 |  | <b>Mailing Address</b><br>2090 SE OCEAN BLVD<br>STUART FL 34996 |  |
| <b>2. Principal Place of Business</b>                                       |  | <b>3. Mailing Address</b>                                       |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |
| City & State  |  | City & State  |  |
| Zip   |  | Country   |  |
| Country   |  | Country   |  |
| <b>4. FEI Number</b> 65-0944007   |  | Applied For<br><input type="checkbox"/> Not Applicable          |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>            |  | <b>\$8.75 Additional Fee Required</b>                           |  |

|   |  |  |  |
|---|--|--|--|
| <b>6. Name and Address of Current Registered Agent</b>        |  | <b>7. Name and Address of New Registered Agent</b>   |  |
| MORTELL, EDWIN E III<br>400 FLAMINGO DRIVE<br>STUART FL 34996 |  | Name <b>WILLIAM DAVENPORT</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2090 SE OCEAN BLVD</b><br>City <b>STUART</b> FL <b>34996</b> |  |

**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 *[Signature]* DATE **1-30-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

**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**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DAVENPORT, WILLIAM H<br>21 SE HARBOR PT DR<br>STUART FL 34996 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>DAVENPORT, WILLIAM<br>2090 SE OCEAN BLVD.<br>STUART, FL 34996 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>TAYLOR, MORGAN L III<br>21 SE HARBOR PT DR<br>STUART FL 34996 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VPD<br>TAYLOR, MORGAN III<br>2090 SE OCEAN BLVD.<br>STUART, FL 34996 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1-30-03** **772-287-8777**

Date Daytime Phone #

CR2E034 (10/02)