

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078322

1. Entity Name

HILROW, INC.

**FILED**  
May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90040 019 \*\*\*150.00

Principal Place of Business

Mailing Address

25977 SYSEN DRIVE  
PUNTA GORDA FL 33983

25977 SYSEN DRIVE  
PUNTA GORDA FL 33983

2. Principal Place of Business

1900 Tamiami Trail

3. Mailing Address *Same as business*

~~25977 SYSEN DRIVE~~

Suite, Apt. #, etc.

Unit 141

Suite, Apt. #, etc.

City & State

Port Charlotte FL

City & State

PUNTA GORDA FL

Zip

33948

Country

Charlotte

Zip

33983

Country

Charlotte

4. FEI Number

65-0945586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

HILTON, GARY

~~25977 SYSEN DRIVE~~ 25977 AYSEN Drive  
PUNTA GORDA FL 33983

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HILTON, GARY	
STREET ADDRESS	25977 SYSEN DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	D	<input type="checkbox"/> Delete
NAME	TATE, SUZANNE M	
STREET ADDRESS	25977 SYSEN DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILTON, GARY	
STREET ADDRESS	25977 AYSEN DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATE, SUZANNE M.	
STREET ADDRESS	25977 AYSEN DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWAN, BERNARD E.	
STREET ADDRESS	17483 Wintergarden Ave.	
CITY-ST-ZIP	Port Charlotte FL 33948	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWAN, Linda A.	
STREET ADDRESS	17483 Wintergarden Ave.	
CITY-ST-ZIP	Port Charlotte FL 33948	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00

CR2E034 (9/99)