

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078322

1. Entity Name
HILROW, INC.**FILED**
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90361 007 ***150.00

Principal Place of Business

**1900 TAMiami TR
UNIT 141
PORT CHARLOTTE FL 33948**

Mailing Address

**1900 TAMiami TR
UNIT 141
PORT CHARLOTTE FL 33948**

00033044



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 **65-0945586**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HILTON, GARY
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)

14578 River Beach Drive**Apt. 215**

City

Port Charlotte

Zip Code

33953

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's 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 \$350.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HILTON, GARY**
STREET ADDRESS **25977 AYSEN DR**
CITY-ST-ZIP **PUNTA GORDA FL 33983**TITLE **D** ☐ Delete
NAME **TATE, SUZANNE M**
STREET ADDRESS **25977 AYSEN DR**
CITY-ST-ZIP **PUNTA GORDA FL 33983**TITLE **V** ☐ Delete
NAME **ROWAN, BERNARD E**
STREET ADDRESS **17483 WINTERGARDEN AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**TITLE **T** ☐ Delete
NAME **ROWAN, LINDA A**
STREET ADDRESS **17483 WINTERGRADEN AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS **14578 River Beach Drive, Apt. 215**
CITY-ST-ZIP **Port Charlotte, FL 33953**TITLE **S** ☒ Change ☐ Addition
NAME
STREET ADDRESS **19505 Quesada Ave., #4014**
CITY-ST-ZIP **Port Charlotte, FL 33948**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY HILTON

Date:

Daytime Phone #

741-4123/00 766-8111

CR2E034 (10/00)