2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000092007

1. Entity Name

B & R HILL ENTERPRISES, INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90102 007 ***150.00

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Principal Place	of Business	Market As a real and a	Mailing Address			· · · · · · · · · · · · · · · · · · ·				
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2. Principal Pla	ace of Business	3. Māili	ng Address 💥 📜	WILMS INTO		The Control of the Co	AND THE STREET OF STREET	100 to 1 to 200	Ballanda Belada men	
Suita Ant #	t etc	Suite	, Apt. #, etc.			☐ CHECK HERE IF	MAKING (CHANGES		
Suite, Apt. #, etc.										
City & State		City &	& State		4.	FEI Number 59-3604913			plied For t Applicable	
				Country	<u> </u>		<u> </u>	8.75 Add		
Zip	Country	Zip		Country	1	Certificate of Status Desired		ee Required		
	6. Name and Address of Curr	rent Registere	d Agent		7.	Name and Address of New Re	gistered Ag	jent		
				Name					. سم	
CHURCHN	/AN, RICHARD K"PA"		÷ · •	Street Addre	ss (P.O. E	Box Number is Not Acceptable)				
1255 MAS				<u> </u>	·			 -		
	BEACH FL 32117							T =		
				City			FL	Zip Code	e l	
6 The	named entity submits this stateme	ent for the num	ose of changing its	L	stered ag	gent, or both, in the State of Flor	ida. I am fa	miliar with,	and accept	
the above the obligati	named entity submits this statement ions of registered agent.	sut to the borb	ogo of ondinging w	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	-					
SIGNATURE -	Signature, typed or printed name of registered	agent and title if app	olicable. (NO	TE: Registered Agent signature red	uired when	reinstating)	DATE			
	ILE NOW!!! FEE IS \$150.00)				9. Election Campaign Fin	ancino	\$5 C	10 May Be	
After	May 1, 2003 Fee will be \$550	0.00				Trust Fund Contribution			to Fees	
Make Check	Payable to Florida Departme	ent of State				DDITIONS/CHANGES TO OFFI	OFFIC AND	DIDECTOR	Q INI 11	
10.	OFFICERS	AND DIRECTO		11.	A	DDITIONS/CHANGES TO OFFI	CENS AND	Change	Addition	
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NAME	HILL, RICHARD L			STREET ADDRESS						
CITY-ST-ZIP	1609 RIDGEWOOD AVE HOLLY HILL FL 32117-1733			CITY-ST-ZIP						
TITLE			□ Delete	TITLE				☐ Change	Addition	
NAME	STD HILL, BARBARA L			NAME						
STREET ADDRESS	1609 RIDGEWOOD AVE			STREET ADDRESS						
CITY-ST-ZIP	HOLLY HILL FL 32117-1733	<u> </u>		CITY-ST-ZIP			.	☐ Change	Addition	
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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.

IGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRI

03/11/03 386-676-777