

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90022 026 ***150.00

DOCUMENT # P99000108433

1. Entity Name
MICHAEL W. HILL, P.A.



Principal Place of Business
**4000 N FEDERAL HWY. STE 201
BOCA RATON FL 33431**

Mailing Address
**4000 N FEDERAL HWY. STE 201
BOCA RATON FL 33431**



2. Principal Place of Business

3. Mailing Address

1117 Russell Dr

1117 Russell Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIGHLAND BEACH FL

City & State

HIGHLAND BEACH FL

Zip

33487

Country

FLA BEACH

Zip

33487

Country

FLA BEACH

4. FEI Number **65-0970142**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, MICHAEL W

**4000 N FEDERAL HWY, STE 201
BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

1117 RUSSELL DR

City

HIGHLAND BEACH

State

FL

Zip Code

33487

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HILL, MICHAEL**
STREET ADDRESS **4000 N. FEDERAL HWY.**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 (REQUIRED)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03

561-347-6757

Daytime Phone #

0399945 AV

CR2E034 (10/02)