

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S55537

1. Entity Name
JUDY L. HILL, C.P.A., P.A.

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90004 023 ***150.00

Principal Place of Business
1238 HILLSBORO MILE
SUITE 104
HILLSBORO BEACH FL 33062

Mailing Address
1238 HILLSBORO MILE
SUITE 104
HILLSBORO BEACH FL 33062

2. Principal Place of Business
5450 NW 77th COURT
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Pompano Beach, FL

Zip
33073

Country
Broward

City & State

4. FEI Number 65-0267582

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, JUDY L.
1238 HILLSBORO MILE
SUITE 104
HILLSBORO BEACH FL 33062

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HILL, JUDY L.
1238 HILLSBORO MILE #104
HILLSBORO BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E03 4 (5/01)

Attachment
DH# 555537
PW 74W

Judy L. Hill, C.P.A., P.A.
5450 N.W. 77th Court
Pompano Beach, Florida 33073
(954) 427-8083

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Please note the change of address. I never received the first notice as I was moving my home and office during that time.

Please accept the original \$150.00 fee.

Thank you,

Sincerely,



Judy L. Hill, C.P.A.

JLH:jt
(cc)
(encl)