

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S62636

1. Entity Name

THE HILLMAN GROUP, INC.

Principal Place of Business

200 E. COMMERCIAL ST.  
SUITE 3  
SANFORD FL 32771  
US

Mailing Address

200 E. COMMERCIAL ST.  
SUITE 3  
SANFORD FL 32771  
US

2. Principal Place of Business

800 S French Ave  
Suite, Apt. #, etc.

3. Mailing Address

800 S French Ave

City & State

Sanford FL

City & State

Sanford, FL

Zip  
32771

Country  
USA

Zip  
32771

Country  
USA

4. FEI Number

59-3072980

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HILLMAN, MARY L.  
200 E. COMMERCIAL ST.  
SUITE #3  
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name MARY L. HILLMAN

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

800 S. French Ave

City Sanford

FL Zip Code 32771

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

*Mary L. Hillman*

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, 2001 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HILLMAN, MARY L. 200 E. COMMERCIAL ST., SUITE 3 SANFORD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Mary L. Hillman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 407-321-8333  
Date Daytime Phone #