

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90049 032 ***150.00

DOCUMENT # S62636

1. Entity Name
THE HILLIMAN 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
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FL

Sanford

City & State

Sanford, FL

4. FEI Number **59-3072980**

Applied For

Not Applicable

Zip
32771

Country
USA

Zip
32771

Country
USA

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

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

Name **MARY L. HILLIMAN**

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. Hilliman*

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

TITLE ☐ Delete
NAME **PTS**
STREET ADDRESS **HILLIMAN, MARY L.**
CITY-ST-ZIP **200 E. COMMERCIAL ST., SUITE 3**
SANFORD FL

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

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 authority like empowered.

SIGNATURE: *Mary L. Hilliman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (10/00)