

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90117 022 ***550.00

DOCUMENT # S65893

1. Entity Name
HERBERT M. HILL, P.A.

Principal Place of Business
901 NORTH MILLS AVENUE
ORLANDO FL 32803

Mailing Address
901 NORTH MILLS AVENUE
ORLANDO FL 32803

2. Principal Place of Business
833 Highland Ave.
 Suite, Apt. #, etc.
Suite 100

3. Mailing Address
P.O. Box 2431
 Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number **59-3041212**

Applied For
 Not Applicable

Zip Country Zip Country
32802

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

6. Name and Address of Current Registered Agent

HILL, HERBERT M.
901 NORTH MILLS AVENUE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
833 Highland Ave., Ste. 100
 City **Orlando, FL** Zip Code **32803**

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]

8/28/02

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, 2002 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 **D** ☐ Delete
 NAME **HILL, HERBERT M.**
 STREET ADDRESS **901 N MILLS AVE - 833 Highland Ave.**
 CITY-ST-ZIP **ORLANDO FL 32803**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 all other like empowered.

SIGNATURE:

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

8/28/02

Date

Daytime Phone #

CR2E034 (9/01)