FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90047 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S68920

00047023

1. Entity Name
HILER ENTERPRISES, INC.

Principal Place of Business
~~1020 LARKSPUR LOOP~~
~~JACKSONVILLE, FL 32259 US~~

Mailing Address
~~1020 LARKSPUR LOOP~~
~~JACKSONVILLE, FL 32259 US~~

2. Principal Place of Business
232 Sparrow Branch Cir.
Suite, Apt. #, etc.
City & State: Jacksonville, FL
Zip: 32259 Country: USA

3. Mailing Address
232 Sparrow Branch Cir.
Suite, Apt. #, etc.
City & State: Jacksonville, FL
Zip: 32259 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3079802 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KATZ, HARRY
337 E FORSYTH ST
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HILER, ROBERT L 1020 LARKSPUR LOOP JACKSONVILLE, FL 32259 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 232 Sparrow Branch Cir.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HILER, BARBARA A 1020 LARKSPUR LOOP JACKSONVILLE, FL 32259 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 232 Sparrow Branch Cir.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CH2E034 (10/02)

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] 2/15/03 904-287-6911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERT L. HILER, PRESIDENT