

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90137 024 ***150.00

DOCUMENT # S81712

1. Entity Name

HOLLOW METAL SPECIALISTS, INC.



Principal Place of Business

**740 APEX ROAD
SARASOTA FL 34240
US**

Mailing Address

**740 APEX RD
SARASOTA FL 34240
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0290021

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

**HILLIARD, DONALD F.
740 APEX ROAD
SARASOTA FL 34240**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input checked="" type="checkbox"/> Delete
NAME	HILLIARD, DONALD F.	
STREET ADDRESS	740 APEX ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLIARD, PATRICIA A.	
STREET ADDRESS	740 APEX ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	Michael Hilliard Tim, A	<input type="checkbox"/> Delete
NAME	740 Apex Rd.	
STREET ADDRESS	Sarasota, FL 34240	
CITY-ST-ZIP		
TITLE	Hilliard, Pat A.	<input type="checkbox"/> Delete
NAME	740 Apex Rd.	
STREET ADDRESS	Sarasota, FL 34241	
CITY-ST-ZIP		
TITLE	Hilliard, Mike A	<input type="checkbox"/> Delete
NAME	740 Apex Rd.	
STREET ADDRESS	Sarasota, FL 34240	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim A Hilliard	
STREET ADDRESS	740 Apex Rd	
CITY-ST-ZIP	Sarasota, Fl 34240	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick A Hilliard	
STREET ADDRESS	740 Apex Rd	
CITY-ST-ZIP	Sarasota, Fl 34240	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike A Hilliard	
STREET ADDRESS	740 Apex Rd	
CITY-ST-ZIP	Saraosta, Fl 34240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)