

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90472 033 \*\*\*150.00

**DOCUMENT # S99491**

1. Entity Name  
**HILL TRACTOR SERVICE, INC.**

Principal Place of Business

P.O. BOX 9251  
 JACKSONVILLE FL 32208

Mailing Address

P.O. BOX 9251  
 JACKSONVILLE FL 32208

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 **59-3097640**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HILL, WILLIE PAUL**  
**5864 CARVER PINES CT**  
**JACKSONVILLE FL 32219**

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.

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

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

TITLE **D** ☐ Delete  
 NAME **HILL, WILLIE PAUL**  
 STREET ADDRESS **5864 CARVER PINES COURT**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Delete  
 NAME **HILL, EVELYN C.**  
 STREET ADDRESS **5864 CARVER PINES COURT**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Delete  
 NAME **HILL, JEFFREY R.**  
 STREET ADDRESS **5864 CARVER PINES COURT**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
 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: *Willie Hill*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4-4-02* Daytime Phone #

CR2E034 (9/01)

Attachment

CERTIFIED MAIL LIST

7001 1140 0003 2929 4588

1-May-02

FORM 2002 UBR

Uniform Business Report  
Division of Corporations  
Post Office Box 1500  
Tallahassee, FL 32302-1500

EIN	NAME
59-2383321	Gunderson Plumbing, Inc.
59-3713524	Gunderson Racing Enterprises, Inc.
59-3097640	Hill Tractor
59-3111103	NNT
59-3585492	Pachyderm, Inc.
59-3224093	Tree House Properties, Inc.

PLEASE SIGN THIS COPY BELOW ACKNOWLEDGING RECEIPT OF THE ABOVE LISTED  
RETURNS AND MAIL BACK IN THE ENCLOSED ENVELOPE.

NAME \_\_\_\_\_  
DATE \_\_\_\_\_