

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90166 038 ***550.00

DOCUMENT # V49345

1. Entity Name
OAK HILLS, INC.



Principal Place of Business
**9301 DENTON AVE
NEW PORT RICHEY FL 34652
US**

Mailing Address
**5124 ALLAMANDA DR
NEW PORT RICHEY FL 34652**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
5124 ALLAMANDA DRIVE
Suite, Apt. #, etc.

3. Mailing Address
5124 ALLAMANDA DR
Suite, Apt. #, etc.

City & State
NEW PORT RICHEY FL
Zip
34652
Country
PRSCO

City & State
NEW PORT RICHEY FL
Zip
34652
Country
PRSCO

4. FEI Number **59-3126633**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HATFIELD, DALLAS D
5124 ALLAMANDA DR
NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name
DALLAS D HATFIELD
Street Address (P.O. Box Number is Not Acceptable)
5124 ALLAMANDA DR
City
NEW PORT RICHEY FL Zip
34652

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	HATFIELD, DALLAS D	5124 ALLAMANDA DR	NEW PORT RICHEY FL 34652	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-03 (227) 848-0828
Date Daytime Phone #

CR2E034 (4/03)