2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # **V54066** Feb 23, 2000 8:00 am 1. Entity Name **Secretary of State** HILL HOME IMPROVEMENT, INCORPORATED 02-23-2000 90013 012 ***150.00 Mailing Address Principal Place of Business 12488 AFTON COURT 12488 AFTON COURT FORT MYERS FL 33908-2459 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address 21 IB15 21 IBIS STREET STREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0348130 MORT MYERS BA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KATHLEEN HILL, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) 12488 AFTON COURT FORT MYERS FL 33908 STREET 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 (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE HILL KENT D. HILL, KENT D. NAME 121 1BIS STREET STREET ADDRESS STREET ADDRESS 12488 AFTON CT CITY-ST-ZIP FORT MYERS BEACH, FL CITY-ST-ZIP FT MYERS FL 33908 VICE PRES. Delete TITLE TITLE HILL, KATHLEEN HILL, KATHLEEN NAME NAME 121 IBIS STREET FORT MYERS BEACH, STREET ADDRESS 12488 AFTON CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33908 ☐ Delete TITLE TITLE NAME NAME* STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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