

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L17283

FILED  
Apr 14, 2003  
Secretary of State

Entity Name: HILL NUTRITION ASSOCIATES, INC.

**Current Principal Place of Business:**

204 WINNACHEE DRIVE  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

204 WINNACHEE DRIVE  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 16-1131911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUNDHEIM, FREDERICK G. JR.  
301 WEST FIRST STREET  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: HILL, LYNNE S.,  
Address: 204 WINNACHEE DR.  
City-St-Zip: STUART, FL

Title: DVT ( ) Delete  
Name: HILL, WILLIAM A.,  
Address: 204 WINNACHEE DR.  
City-St-Zip: STUART, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A. HILL

DVT

04/14/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date