


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90077 037 ****61.25

DOCUMENT # 748507

1. Entity Name
HAMILTON SQUARE, INC.



Principal Place of Business
**200 N TAMIAMI TRAIL
SUITE A
VENICE FL 34285**

Mailing Address
**200 N TAMIAMI TRAIL
SUITE A
VENICE FL 34285**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2061857** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BARCLAY, MARK
200 A N. TAMIAMI TRAIL
VENICE FL 34285**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRTON, PETER 200 N TAMIAMI TR SUITE D VENICE FL 34285	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSS, ALAN 200 N TAMIAMI TR SUITE I VENICE FL 34285	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARCLAY, MARK 200 N TAMIAMI TRAIL, #A VENICE FL 34285	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, TOM E 200 N TAMIAMI TR SUITE F VENICE FL 34285	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSTELLO, SHANNON 200 N TAMIAMI TR SUITE H VENICE FL 34285	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, PAUL 200 N TAMIAMI TR SUITE J VENICE FL 34285	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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

1/29/03

CR2E037 (10/02)