

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0107295 AV

DOCUMENT # P98000076766

1. Entity Name  
HAMILTON POOLS INC.



FILED

03 OCT -9 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4922 HAWAII BLVD. #C-10  
NAPLES FL 34112

Mailing Address  
4922 HAWAII BLVD. #C-10  
NAPLES FL 34112



2. Principal Place of Business

1981 J & C Blvd.  
Suite, Apt. #, etc.

3. Mailing Address

1981 J & C Blvd  
Suite, Apt. #, etc.

RECEIVED  
03  
CHECK HERE IF MAKING CHANGES

City & State  
Naples Florida

Zip Country  
34109 USA

City & State  
Naples Florida

Zip Country  
34109 USA

4. FEI Number 59-3550865

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, MITCHEL  
4922 HAWAII BLVD. #C-10  
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name  
Mitchell D. Hamilton  
Street Address (P.O. Box Number is not acceptable)  
1981 J & C Blvd  
City Naples FL Zip Code 34109

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 *Mitchell Hamilton*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/6/03

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 P  
NAME HAMILTON, MITCHELL  
STREET ADDRESS 4922 HAWAII BLVD. #C-10  
CITY-ST-ZIP NAPLES FL 34112 ☐ Delete

TITLE VP  
NAME HAMILTON, AMBER  
STREET ADDRESS 4922 HAWAII BLVD. #C-10  
CITY-ST-ZIP NAPLES FL 34112 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME Mitchell D. Hamilton  
STREET ADDRESS 1981 J & C Blvd.  
CITY-ST-ZIP Naples FL 34109 ☒ Change ☐ Addition

TITLE Vice President  
NAME Amber R. Hamilton  
STREET ADDRESS 1981 J & C Blvd.  
CITY-ST-ZIP Naples FL 34109 ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *Mitchell Hamilton* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/03

Date

(239) 596-1563

Daytime Phone #

CR2E034 (4/03)