2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # **P99000002939** 1. Entity Name HAMLIN AND BURTON LIABILITY MANAGEMENT, INC. 01-30-2001 90095 024 ***150.00 Principal Place of Business Mailing Address 2831 CYPRESS CREEK ROAD 2831 CYPRESS CREEK ROAD SUITE 100 FORT LAUDERDALE FL 33309 SUITE 100 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 300 NORTH COUNTY ROAD 427 300 NORTH COUNTY ROAD 427 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 101 City & State City & State Applied For 4. FEI Number 65-0888422 ONG WOOD ONGWOOD Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3*2750* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent B. HAMLIN BURTON, DONALD T/JR. Street Address (P.O. Box Number is Not Acceptable) 2831 CYPRESS CRÉEK ROAD FORT LAUDERDALE FL 33309 300 NORTH COUNTY ROAD 427; SUITE 101 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[©] FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition HAMLIN, PAUL NAME NAME STREET ADDRESS 2831 CYPRESS CREEK ROAD STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition **Z** Delete BURTON, DONALD T NAME NAME STREET ADDRESS 2831 CYPRESS CREEK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 TITLE TITLE Delete Change Addition NAME HAMLIN, PAUL NAME STREET ADDRESS 2831 CYPRESS CREEK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

TWO PAUL HAMLIN, PRESIDENT 01-17-01

NTED NAME OF SIGNING OFFICER OF DIRECTOR

Date