

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90009 008 ***150.00

DOCUMENT # P99000002939

1. Entity Name
HAMLIN AND BURTON LIABILITY MANAGEMENT, INC.

Principal Place of Business
300 NORTH COUNTY RD 427
SUITE 101
LONGWOOD FL 32750

Mailing Address
300 NORTH COUNTY RD 427
SUITE 101
LONGWOOD FL 32750

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

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



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0888422**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMLIN, PAUL
300 NORTH COUNTY RD 427 SUITE 101
LONGWOOD FL 32750

Name **SAME**
 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.

SIGNATURE *Paul Hamlin* **PAUL HAMLIN, PRESIDENT** 1-3-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P HAMLIN, PAUL**
 STREET ADDRESS **2831 CYPRESS CREEK ROAD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST HAMLIN, PAUL**
 STREET ADDRESS **2831 CYPRESS CREEK ROAD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Hamlin* **HAMLIN, PRESIDENT** 1-3-02 407-332-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000107 AV CR2E034 (9/01)