

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90130 009 ***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

111 West Magnolia Ave

3. Mailing Address

111 West Magnolia Ave.

Suite, Apt. #, etc.

Suite 1000

Suite, Apt. #, etc.

Suite 1000

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32750

Country

Zip

32750

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0888422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMLIN, PAUL

**300 NORTH COUNTY RD 427 SUITE 101
LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

111 West Magnolia Ave., Ste 1000

City **Longwood**

FL

Zip Code

32750

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	<input type="checkbox"/> Delete
NAME	HAMLIN, PAUL	
STREET ADDRESS	2831 CYPRESS CREEK ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HAMLIN, PAUL	
STREET ADDRESS	2831 CYPRESS CREEK ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	111 West Magnolia Ave, Ste 1000
CITY-ST-ZIP	Longwood, FL 32750
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	111 West Magnolia Ave., Ste 1000
CITY-ST-ZIP	Longwood, FL 32750
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

PAUL HAMLIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-03

Date

407-332-0022

Daytime Phone #

CR2E034 (10/02)