

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/13

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90017 019 \*\*\*150.00

**DOCUMENT # P99000011773**

1. Entity Name

**HAMRICK, PERREY, QUINLAN & SMITH BUILDING CORPOR**

Principal Place of Business <b>1401 MANATEE AVE. WEST, STE. 900 BRADENTON FL 34206</b>	Mailing Address <b>P.O. BOX 551 BRADENTON FL 34206-0551</b>
---	--

2. Principal Place of Business <b>601 12th Street West</b>	3. Mailing Address <b>601 12th Street West</b>
---	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State <b>Bradenton, FL</b>	City & State <b>Bradenton, FL</b>
--------------------------------------	--------------------------------------

Zip <b>34205</b>	Country <b>Manatee</b>	Zip <b>34205</b>	Country <b>Manatee</b>
---------------------	---------------------------	---------------------	---------------------------

4. FEI Number <b>65-0648670</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PERREY, PHILIP E**  
**1401 MANATEE AVE. WEST, STE. 900**  
**BRADENTON FL 34206**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) <b>601 12th Street West</b>
City <b>Bradenton, FL</b>
Zip Code <b>34205</b>

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 \_\_\_\_\_ (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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAMRICK, MICHAEL M</b> <b>1017 91ST STREET NW</b> <b>BRADENTON FL 34209</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEWHALL, TIMOTHY L</b> <b>2366 LANDINGS CIRCLE</b> <b>BRADENTON FL 34209</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PERREY, PHILIP E</b> <b>2310 64TH ST. CT. WEST</b> <b>BRADENTON FL 34209</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>QUINLAN, JOHN V</b> <b>3305 RIVERVIEW BLVD. WEST</b> <b>BRADENTON FL 34205</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, GILBERT A JR.</b> <b>309 75TH STREET N.W.</b> <b>BRADENTON FL 34209</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>601 12th Street West</b> <b>Bradenton, FL 34205</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>601 12th Street West</b> <b>Bradenton, FL 34205</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>601 12th Street West</b> <b>Bradenton, FL 34205</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>601 12th Street West</b> <b>Bradenton, FL 34205</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>601 12th Street West</b> <b>Bradenton, FL 34205</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/00**  
 Date Daytime Phone #

CR2E034 (9/99)