

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90314 048 ***150.00

DOCUMENT # 531541

1. Entity Name
SHARON K. HAMLIN P.A.



Principal Place of Business
**14430 SW 96TH AVE
MIAMI FL 33176**

Mailing Address
**14430 SW 96TH AVE
MIAMI FL 33176**

10014701



2. Principal Place of Business

20030 Bel Aire Dr

3. Mailing Address

16036 Baird Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Spring Lake, MI

4. FEI Number
65-0110715

Applied For
Not Applicable

Zip
33189

Country
USA

Zip
49456

Country
USA

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

6. Name and Address of Current Registered Agent

**HAMLIN, SHARON
14430 SW 96TH AVE
MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name
Patricia Bronkhorst
Street Address (P.O. Box Number is Not Acceptable)
20030 Bel Aire Dr
City
Miami **FL** Zip Code
33189

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 **Patricia Bronkhorst**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/03

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
PD ☐ Delete
NAME
HAMLIN, SHARON K
STREET ADDRESS
14430 SW 96TH AVE
CITY-ST-ZIP
MIAMI FL

TITLE
Treasurer ☐ Delete
NAME
Patricia Bronkhorst
STREET ADDRESS
20030 Bel Aire Dr
CITY-ST-ZIP
Miami, FL 33189

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
PD ☒ Change ☐ Addition
NAME
Hamlin, Sharon K
STREET ADDRESS
16036 Baird Dr
CITY-ST-ZIP
Spring Lake, MI 49456

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

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: **Sharon K Hamlin, President** **1/18/2003** **616 846 4698**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)