

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90021 035 \*\*\*150.00

**DOCUMENT # 648985**

1. Entity Name

**RONSAN, INC.**

Principal Place of Business

4420 GEORGIA AVE  
WEST PALM BCH FL 33405

Mailing Address

4420 GEORGIA AVE  
WEST PALM BCH FL 33405-2524

2. Principal Place of Business

**1888 ASCOTT RD**

Suite, Apt. #, etc.

3. Mailing Address

**1888 ASCOTT RD**

Suite, Apt. #, etc.

City & State

**JUNO ISLES FL**

City & State

**JUNO ISLES FL**

4. FEI Number

**59-1960848**

Applied For

Not Applicable

Zip

**33408**

Country

**PALM BEACH**

Zip

**33408**

Country

**PALM BEACH**

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

**SCHWENKE, KERRY R.  
1645 PALM BEACH LAKES BLVD.  
STE 720  
WEST PALM BEACH FL 33409**

Name

**RONALD W. HAMILTON**

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

**1888 ASCOTT RD**

City

**JUNO ISLES**

**FL**

Zip Code

**33408**

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

**Ronald W Hamilton**

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

(NOTE: Registered Agent signature required when reinstating)

**1-12-2000**

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          | PTD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | HAMILTON, RONALD W   |  |
| STREET ADDRESS | 4420 GEORGIA AVE     |  |
| CITY-ST-ZIP    | W PALM BCH, FL 00000 |  |
| TITLE          | VS                   | <input checked="" type="checkbox"/> Delete |
| NAME           | HAMILTON, SANDRA K   |  |
| STREET ADDRESS | 4420 GEORGIA AVE     |  |
| CITY-ST-ZIP    | W PALM BCH, FL 00000 |  |
| 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    |                      |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | PTD                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HAMILTON, RONALD W  |  |
| STREET ADDRESS | 1888 ASCOTT RD      |  |
| CITY-ST-ZIP    | JUNO ISLES FL 33408 |  |
| TITLE          | VS                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HAMILTON, SANDRA K. |  |
| STREET ADDRESS | 1888 ASCOTT RD      |  |
| CITY-ST-ZIP    | JUNO ISLES FL 33408 |  |
| 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    |                     |  |

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:

**Ronald W Hamilton** PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-11-2000**

DATE

**561-223-0878**

Daytime Phone #

CR2E034 (9/99)