

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90081 046 ***150.00

DOCUMENT # 685637

1. Entity Name

L.F. HAMLIN, INC.

Principal Place of Business

Mailing Address

% L.F. HAMLIN
 14085 E. PARSLEY DR.
 MADEIRA BCH. FL 33708

% L.F. HAMLIN
 14085 E. PARSLEY DR.
 MADEIRA BCH. FL 34219-0124

2. Principal Place of Business

13719 Seminole Trail

3. Mailing Address

P.O. Box 124

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wimauma FL

City & State

Parrish FL

4. FEI Number

59-2050678

Applied For

Not Applicable

Zip **33598** Country **Manatee**

Zip **34219** Country **Manatee**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMLIN, L.F.
14085 E. PARSLEY DR.
MADEIRA BCH. FL 33708

7. Name and Address of New Registered Agent

Name **same**
 Street Address (P.O. Box Number is Not Acceptable) **13719 Seminole Trail**
 City **Wimauma FL** Zip Code **33598**

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 *L.F. Hamlin* **L.F. HAMLIN** **4/28/00**
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMLIN, L.F.	NAME	Hamlin, L.F.
STREET ADDRESS	14085 E. PARSLEY DR.	STREET ADDRESS	13719 Seminole Trail
CITY-ST-ZIP	MADEIRA BCH. FL	CITY-ST-ZIP	Wimauma FL 33598
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *L.F. Hamlin* **L.F. HAMLIN** **4/28/00** **941-776-9124**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE