

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 - Manatee

Country

Zip

34219 - Manatee

Country

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAMLIN, L.F.	
STREET ADDRESS	14085 E. PARSLEY DR.	
CITY-ST-ZIP	MADEIRA BCH. FL	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD Hamlin, L.F.	
STREET ADDRESS	13719 Seminole Trail	
CITY-ST-ZIP	Wimauma FL 33598	
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:

L.F. Hamlin L.F. HAMLIN

Date

4/28/00

Daytime Phone #

941-776-9124