

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State
 04-07-2001 90025 022 ***150.00

0582519

DOCUMENT # 685637
 1. Entity Name
L.F. HAMLIN, INC.

Principal Place of Business % L.F. HAMLIN 13719 SEMINOLE TRAIL WIMAUMA FL 33598	Mailing Address % L.F. HAMLIN 13719 SEMINOLE TRAIL WIMAUMA FL 33598
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2. Principal Place of Business		3. Mailing Address P.O. Box 124	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PARRISH FL.	
Zip	Country	Zip	Country
34219	USA	34219	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2050678		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 HAMLIN, L.F. Street Address (P.O. Box Number is Not Acceptable) 13719 SEMINOLE TRAIL City WIMAUMA FL Zip Code 33598
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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** **3/29/01**
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. <input type="checkbox"/> <small>(See criteria on back)</small>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMLIN, L.F. 13719 SEMINOLE TRAIL WIMAUMA FL 33598 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** **3/29/01** **941/276-9124**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)