

DOCUMENT # 703687

1. Entity Name

HAMPTON HOUSE, INC.**FILED**
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90008 004 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2311 N E 36TH STREET
STE 2-G
LIGHTHOUSE PNT FL 33064
US2311 N E 36TH STREET
STE 2-G
LIGHTHOUSE PNT FL 33064-7566
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2446610

Applied For

Not Applicable

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

BOCHONOK, PETER A
2311 N E 36TH STREET, #2-G
LIGHTHOUSE POINT FL 33064

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

4/20/00
DATE**FILE NOW:**
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **BOCHONOK, PETER**
CITY-ST-ZIP **2311 N E 36TH STREET, #2-G**
LIGHTHOUSE PT. FL 00000 33064TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **DVP**
STREET ADDRESS **ANDERSON, ED**
CITY-ST-ZIP **2311 N E 36TH STREET, #1-C**
LIGHTHOUSE POINT FLTITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **Joe Noto**
CITY-ST-ZIP **2311 N.E.36th St. #1E**
Lighthouse Point, FL 33064TITLE ☒ Delete
NAME **DS**
STREET ADDRESS **MORANTO, RENA**
CITY-ST-ZIP **2311 NE 36TH STREET, #2-C**
LIGHTHOUSE POINT FLTITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **Barbara Kezer**
CITY-ST-ZIP **7 Nancy St., Plum Island**
Newburyport, MA 01950TITLE ☒ Delete
NAME **DT**
STREET ADDRESS **ROGUE, IDA**
CITY-ST-ZIP **2311 NE 36TH ST #1F**
LIGHTHOUSE PT. FLTITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **Walter Maziarski**
CITY-ST-ZIP **Box 345**
Newburyport, MA 01950TITLE ☒ Delete
NAME **D**
STREET ADDRESS **COTTRELL, THELMA**
CITY-ST-ZIP **2311 N E 36TH STREET, #1-D**
LIGHTHOUSE PT FL 33064TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Ed Anderson**
CITY-ST-ZIP **2311 N.E. 36th St. #1C**
Lighthouse Point, FL 33064TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Randy VanMeter**
CITY-ST-ZIP **2311 N.E.36th St.#2F**
Lighthouse Point, FL 33064

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 617, 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

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/00 978-463-2867

CR2E037 (9/99)