2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 11, 2000 8:00 am Secretary of State **DÓCUMENT # G04935** ALFRED HAMILTON & ASSOCIATES, INC. 04-11-2000 90054 022 ***150.00 Principal Place of Business Mailing Address 13575 58TH ST N 8352 MEADOWBROOK DR #10 LARGO FL 33777-1246 C0057179 CLEARWATER FL 33760 2. Principal Place of Business 3. Mailing Address Roasevelt BloD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-2233335 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWDER, DAVID, JR. Street Address (P.O. Box Number is Not Acceptable) 300 S. DUNCAN AVE., STE. 101 **CLEARWATER FL 33515** Zip Code City 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Oelete ☐ Addition NAME HAMILTON, ALFRED A. NAME STREET ADDRESS 8352 MEADOWBROOK DR #10 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LARGO FL **VSD** ☐ Change ☐ Addition ☐ Delete TITLE TITLE HAMILTON, DOROTHY M. NAME NAME STREET ADDRESS STREET ADDRESS 8352 MEDOWBROOK DR #10 CITY-ST-ZIP CITY-ST-7IP LARGO FL ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE ÇITY-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

フンフ

changed, or on an attachment with an address, with all other like empowered.