

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J00570****1. Entity Name**
OCTAGON ASSOCIATES, INC.**Principal Place of Business**655 21ST ST. (329631399)
P.O. BOX 6370
VERO BCH. FL 32961-3370**Mailing Address**655 21ST ST. (329631399)
P.O. BOX 6370
VERO BCH. FL 32961-3370**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered AgentHAMILTON, S. THOMAS JR.
655 21ST ST.
VERO BCH. FL 32961**7. Name and Address of New Registered Agent**

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**

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	PERKINS, LOUIS E.	
STREET ADDRESS	4005 20TH ST.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DONALD D. GOLD	
STREET ADDRESS	655 21ST STREET	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HAMILTON, S. THOMAS, JR	
STREET ADDRESS	655 21ST ST. #200	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	E.J. VANN	
STREET ADDRESS	655 21ST STREET, # 200	
CITY-ST-ZIP	VERO BEACH FL	
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 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
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. THOMAS HAMILTON

3/8/01

Date

561-569-4200

Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90435 003 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2651478

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)