2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 07, 2000 8:00 am Secretary of State **DOCUMENT # J46064** HAMILTON-MASTERS, ASSOCIATES, INC. 05-07-2000 90007 050 ***150.00 Principal Place of Business Mailing Address 1539 CENTER AVE. 1539 CENTER AVE. nana482E HOLLY HILL FL 32117-2021 HOLLY HILL FL 32117-2021 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2744789 Not Applicable Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MASTERS, JOHN M. SR. Street Address (P.O. Box Number is Not Acceptable) 1539 CENTER AVE HOLLY HILL FL 32117 Zip Code City Fl 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete MASTERS, JOHN M. SR. NAME STREET ADDRESS STREET ADDRESS 1539 CENTER AVE. CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL ☐ Delete ☐ Addition STD ☐ Change TITLE TITLE MASTERS, JUDITH A. NAME NAME STREET ADDRESS STREET ADDRESS 1539 CENTER AVE. CITY-ST-7IP CITY-ST-ZIP HOLLY HILL FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-7IP 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.

FILED