

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90082 035 ***150.00

DOCUMENT #

1. Entity Name

KO6109

HAMILTON MANUFACTURING, INC.

DO NOT WRITE IN THIS SPACE

639916

2. Principal Place of Business

1124 MARINE WAY WEST

Suite, Apt. #, etc.

D1L

City & State

N. PALM BEACH, FL

Zip

Country

33408

USA

3. Mailing Address

1124 MARINE WAY WEST

Suite, Apt. #, etc.

D1L

City & State

N. PALM BEACH, FL

Zip

Country

33408

USA

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4. FEI Number

59-2860060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LOUIS W. GRAF

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

1124 MARINE WAY WEST - # D1L

City

FL

Zip Code

NORTH PALM BEACH

33408

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

LOUIS W. GRAF

4/15/02

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
LOUIS W. GRAF
1124 MARINE WAY WEST - # D1L
N. PALM BEACH, FL 33408

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *Louis W. Graf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS W. GRAF

Date

Daytime Phone #

4-15-02 (561) 627-4346

CR2E034B (12/01)