

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-13-2002 90093 031 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000341

1. Entity Name

HAMILTON CREDIT, L.L.C.

Principal Place of Business

1265 OLD STICKNEY POINT ROAD
SARASOTA FL 34231

Mailing Address

1265 OLD STICKNEY POINT ROAD
SARASOTA FL 34231

2. Principal Place of Business

1267 PORT LANE
Suite, Apt. #, etc.

3. Mailing Address

1267 PORT LANE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

34242

Country

USA

Zip

34242

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOGREVE, BRADLEY W P.A.
3700 S. TAMiami TRAIL, #201
SARASOTA FL 34239

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM			
	GREENE, LINDA			
	1267 PORT LANE			
	SARASOTA FL 34242			

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

CR2E083 (9/01)