FILED

2001, UNIFORM BUSINESS REPORT (UBR)

of the corporation or the recei changed, or on an attachment

SIGNATURE:

Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P0000017375 HAMILTON PLACE, INC. 01-29-2001 90017 003 ***158.75 Principal Place of Business Mailing Address 24 N.E. 24TH AVENUE 24 N.E. 24TH AVENUE POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 O2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country 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 Name DITOCCO, ANTHONY III Street Address (P.O. Box Number is Not Acceptable) 24 N.E. 24TH AVENUE POMPANO BEACH FL 33062 City Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition DITOCCO, ANTHONY III NAME NAME STREET ADORESS 24 N.E. 24TH AVENUE STREET ADDRESS CITY-ST-7IP POMPANO BEACH FL 33062 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME DIGIORGIO, THOMAS JR NAME STREET ADDRESS 24 N.E. 24TH AVENUE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP TITLE ---Delete TITLE -Change — Addition DAVIS, SCOTT E NAME NAME STREET ADDRESS 24 N.E. 24TH AVENUE STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplier with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at 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 in property to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ss. with all other like empowered. indicated on this report or supply

THOM<u>45</u> DIGICAGIO, IR

RINTED NAME OF SIGNING OFFICER OR DIRECTOR