

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90079 003 \*\*\*150.00

**DOCUMENT # P0000029581**

1. Entity Name  
**GARY HAMILTON INSURANCE SERVICES, INC.**

Principal Place of Business <b>14411 S. DIXIE HIGHWAY #228          MIAMI FL 33176</b>	Mailing Address <b>14411 S. DIXIE HIGHWAY #228          MIAMI FL 33176</b>
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00026699



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>50 N. HOMESTEAD Blvd.</b>	3. Mailing Address <b>50 N. HOMESTEAD Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HOMESTEAD, FL</b>	City & State <b>HOMESTEAD, FL</b>	4. FEI Number <b>65 0997476</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33030</b>	Country <b>DADE</b>	Zip <b>33030</b>	Country <b>DADE</b>

6. Name and Address of Current Registered Agent <b>HAMILTON, GARY          14411 S. DIXIE HIGHWAY #228          MIAMI FL 33176</b>	7. Name and Address of New Registered Agent Name <b>GARY HAMILTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>50 N. HOMESTEAD Blvd.</b> City <b>HOMESTEAD FL</b> Zip Code <b>33030</b>
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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: *Gary W Hamilton* **PRESIDENT** DATE: **3/16/2001**

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 Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HAMILTON, GARY 14411 S. DIXIE HIGHWAY #228 MIAMI FL 33176</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Hamilton, Gary 50 N. Homestead Blvd HOMESTEAD, FL 33030</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST HAMILTON, ADA F 14411 S. DIXIE HIGHWAY #228 MIAMI FL 33176</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST Hamilton, Ada F. 50 N. Homestead Blvd HOMESTEAD, FL 33030</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gary W Hamilton* **PRESIDENT** DATE: **3/16/2001** DAYTIME PHONE #: **(305) 247-8877**

Signature and typed or printed name of signing officer or director

CR2E034 (10/00)