

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90042 036 ***150.00

DOCUMENT # P00000058495

1. Entity Name

B & M CORPORATE HOLDINGS, INC.

Principal Place of Business

% ROBERT HAMILTON
12707 SPOTTSWOOD DRIVE
RIVERVIEW FL 33569

Mailing Address

% ROBERT HAMILTON
12707 SPOTTSWOOD DRIVE
RIVERVIEW FL 33569

C0045115



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10204 Sabal Tree Dr.

3. Mailing Address

10204 Sabal Tree Dr.

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

Riverview, Florida

City & State

Riverview Florida

Zip

33569

Country

USA

Zip

33569

Country

USA

4. FEI Number

65-107101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, ROBERT
12707 SPOTTSWOOD DRIVE
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name

Hamilton Robert

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

10204 Sabal Tree Dr.

City

APT 203
Riverview

FL

Zip Code

33569

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 of person filing this statement

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert E. Hamilton

4-9-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	HAMILTON, ROBERT	
STREET ADDRESS	12707 SPOTTSWOOD DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HAMILTON, MICHELLE	
STREET ADDRESS	12707 SPOTTSWOOD DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10204 Sabal Tree Dr. Apt 203	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10204 Sabal Tree Dr Apt 203	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an officer like empowered.

SIGNATURE:

Robert E. Hamilton

4-9-01

813-748-3399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0337381

CR2E034 (10/00)