

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90987 041 ***150.00

DOCUMENT # **PO0000075309**
 1. Entity Name
R. Hamrick & Associates

Principal Place of Business: **124 William Bartram Drive, Welaka, Florida 32112**
 Mailing Address: **P.O. Box 761, Crescent City, Fla 32112**

00058725

2. Principal Place of Business: **124 William Bartram Dr.**
 Suite, Apt. #, etc.
 3. Mailing Address: **P.O. Box 761**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: **Welaka, Florida**
 Zip: **32112** Country: **USA**
 City & State: **Crescent City Fla**
 Zip: **32112** Country: **USA**

4. FEI Number: **59-3666586**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Richard Hamrick
P.O. Box 761, 124 William Bartram
Crescent City Florida 32112

7. Name and Address of New Registered Agent
 Name: **Richard Hamrick**
 Street Address (P.O. Box Number is Not Acceptable): **124 William Bartram Drive**
 City: **Welaka** FL Zip Code: **32112**

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: **Richard Hamrick Inc.** DATE: **4/22/01**
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)

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 **\$5.00** May Be Added to Fees
 Trust Fund Contribution

11. OFFICERS AND DIRECTORS

TITLE	P Richard Hamrick <input checked="" type="checkbox"/> Delete
NAME	Richard Hamrick
STREET ADDRESS	P.O. Box 761
CITY-ST-ZIP	Crescent City Florida 32112
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	P Richard Hamrick <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Hamrick
STREET ADDRESS	P.O. Box 761
CITY-ST-ZIP	Crescent City Fla 32112
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	
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 all other like empowers.

SIGNATURE: **Richard Hamrick Inc.** DATE: **4/22/01** DAYTIME PHONE #: **386-467-3627**
Signature and typed or printed name of signing officer or director

CR2E034 (11/00)