

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90089 033 ***150.00

DOCUMENT # P01000016084

1. Entity Name

DAMON HAMILTON CONSTRUCTION, INC.

Principal Place of Business

**3109 GOLDENROD STREET
 SARASOTA FL 34239**

Mailing Address

**3109 GOLDENROD STREET
 SARASOTA FL 34239**

360668



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1048 Martin Lakes Circle

Suite, Apt. #, etc.

20105

City & State

Sarasota, FL

Zip

34232

Country

U.S.

3. Mailing Address

3765 Heather Lake Cir.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34235

Country

U.S.

4. FEI Number

165-1076235

Applied For

Not Applicable

8. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, WILLIAM D

3109 GOLDENROD STREET

SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name

Hamilton, William D

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

1048 Martin Lakes Cir. Apt# 20105

City

Sarasota

FL

Zip Code

34232

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

W. Damon Hamilton

04/26/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **DP** ☐ Delete
 NAME **HAMILTON, WILLIAM D**
 STREET ADDRESS **3109 GOLDENROD STREET**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

W. Damon Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/02

Date

(941) 343-0504

Daytime Phone #

CR2E034 (9/01)