2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P01000030846 **DOCUMENT #**

1. Entity Name

HAMPTON, INC.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90136 029 ***150.00

						_			
Principal Place of Business PO BOX 608841 5574 N OBT ORLANDO FL 32860			Mailing Address PO 80X 608841 5574 N OBT ORLANDO FL 32860						
2. Principal Place of Business			3. Mailing Address					T TOOLLOOK HIS OOTEN 12811 BOULL BOULL DOUNL ENION HINK DOUDL 1911 BY BIS OKLI 1881	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State			City & State				4. F	FEI Number 59-3705452 Applied For Not Applicable	
p Country			Zip Cou			ntry 5		Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name	Registere	egistered Agent			7. Name and Address of New Registered Agent				
robert Glenn L					Name HAMPTON, Probert H TT Street Address (P.O. Box Number is Not Acceptable) OKIANPO PKing # 6				
:						City OR (Ando FL Zip C382808			
8. The above gamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE									
) NOW]!! Dy 1, 250		State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
-	OFFICERS AND	DIRECTO	RS	11.			ADI	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DP HAMPTON, ROBERT H II PO BOX 608841 ORLANDO FL 32860			☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition .	
	****		☐ Delete	NAMI STRE	E Et address		<u>.</u>	☐ Change ☐ Addition	
			☐ Delete	NAM! STRE	E Et address			☐ Change ☐ Addition	
•			☐ Delete	NAME STREE	E Et address			· Change Addition	
			☐ Delete	NAME STREE	E Et address			☐ Change ☐ Addition	
			□ Delete	NAME STREE CITY-	ET ADDRESS · ST-ZIP			☐ Change ☐ Addition	
	etc. 6. Name ROBERT GLENN L SPRING MALE NOW!!!	Country 6. Name and Address of Current ROBERT H II GLENN LOOP #303 SPRINGS FL 32714 Imed entity submits this statement for sof registered agent. NOW!!! FEE IS \$150.00 y 1, 503 Fee will be \$550.00 ayable to Florida Department of OFFICERS AND P AMPTON, ROBERT H II O BOX 608841 RLANDO FL 32860	PO 8 5574 ORLA se of Business etc. Country. Country. Zip 6. Name and Address of Current Registers ROBERT H II GLENN LOOP #303 SPRINGS FL 32714 med entity submits this statement for the purp s of registered agent. NOW!!! FEE IS \$150.00 Dy 1, 503 Fee will be \$550.00 ayable to Florida Department of State OFFICERS AND DIRECTO P AMPTON, ROBERT H II O BOX 608841 RLANDO FL 32860	PO BOX 606841 5574 N OBT ORLANDO FL 32860 Re of Business 3. Mailing Address etc. City & State Country Zip 6. Name and Address of Current Registered Agent ROBERT H II GLENN LOOP #303 SPRINGS FL 32714 med entity submits this statement for the purpose of changing its sof registered agent. NOW!!! FEE IS \$150.00 P1, 1003 Fee will be \$550.00 ayable to Florida Department of State OFFICERS AND DIRECTORS P	PO 80X 608841 5574 N OBT ORLANDO FL 32860 Re of Business Retc. Suite, Apt. #, etc. City & State Country. Zip Country. Zip Country. Suite, Apt. #, etc. City & State Country. Country. Sip Country. Country. Country. Country. Country. City & State Country. Country. City & State Country. Country. Country. Country. City & State Country. Country. Country. Country. City & State Country. Country.	PO BOX 608841 5574 N OBT ORLANDO FL 32860 Re of Business 3. Mailing Address etc. City & State Country Zip Country Zip Country Amen and Address of Current Registered Agent Name ROBERT H II GLENN LOOP #303 SPRINGS FL 32714 City City City The Country City City City The Country City City City The Country The Country The City City City The City City City City The City City City City City City The City City City City City City City City	PO BOX 608841 5574 N OBT Re of Business 3. Mailing Address etc. Suite, Apt. #, etc. City & State Country. Zip Country 6. Name and Address of Current Registered Agent ROBERT H II GLENN LOOP #303 6: SPRINGS FL 32714 City OR (city OR	PO 80X 608841 5574 N OBT ORLANDO FL 32880 et of Business 9. Mailing Address etc. City & State	

Indicated on this report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Flurther 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: