2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90220 018 ***150.00

DOCUMENT # P02000011701

1. Entity Name
HAMPSHIRE PROPERTY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
316N JOHN YOUNG PARKWAY STE 13 KISSIMMEE, FL 34741	316N JOHN YOUNG PARKWAY STE 13 KISSIMMEE, FL 34741

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2546 N. John Young Pkwy.	2546 N. John Young Pkwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee FL	City & State: Kissimmee FL
Zip: 34741 Country: Osceola	Zip: 34741 Country: Osceola

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, JOHN
316N JOHN YOUNG PARKWAY STE 13
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name: Connie Culbertson
Street Address (P.O. Box Number is Not Acceptable): 2546 N. John Young Pkwy.
City: Kissimmee FL Zip Code: 34741

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Connie Culbertson, CONNIE CULBERTSON DATE: 3/03/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BAIGENT, DAVID A		NAME		
STREET ADDRESS	171 SANDY LANE		STREET ADDRESS		
CITY-ST-ZIP	FARNBOROUGH HANTS ENGLAND UK		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D Baigent David A. Baigent 3/03/03 07831313747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #