2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20 UN	003 FOR PROI	FIT CORPOR	ATION [(UBR)	FILED Jan 21, 2003 8:00 am
DOCU 1. Entity Nan	MENT # P020 0	00103593		Secretary of State 01-21-2003 90548 004 ***150.00
STANDAR	D HAMILTON COMPANY,	INC.		
•	ce of Business	Mailing Address		
1648 TAYLOR	ROAD	1648 TAYLOR ROAD #514		
#514 PORT ORANGI	E FL 32128	PORT ORANGE FL 32128		
SOUTH D	Place of Business ATTOMA BUSINESS PARK	3. Mailing Address		T (DEFINED) HI) OBSITE HITCH BESIT DUTIL BANTO NIBIL BOILD (HIBY DITIL) TORTO ATTI HODI
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES
City & Sta		City & State		4. FEI Number Applied For Not Applicable
32119-		32128-6753	Country	5. Certificate of Status Desired
	6. Name and Address of Curre	nt Registered Agent	Name -	7. Name and Address of New Registered Agent
BLUMENS'	TEIN, RICHARD(D) C		<u> </u>	LUMENSTEIN, RICHARD C
1648 TAYLOR ROAD				ress (PO-Box Number is Not Acceptable) 197 ARDMOR DRIVE
#514			(
	ANGE FL 32128 - 615-3			RT ORANGE FL 32128-6901
	 named entity submits this statement tions of registered agent. 	for the purpose of changing its r	registered office or re	gistered agent, or both, in the State of Florida. I am familiar with, and accept
ŞIGNATURE		MENSTEIN	Public C	Blunt: 1/15/03
<i>;</i>		ant and one is applicable. (NOTE:		lequiso when reinstating)
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	RES/SECY/DIRECTOR Change Addition
NAME	BKUMENSTEIN, RICHARD C		NAME E	LUMENSTEN, RICHARD C. 997 AROMOR DRIVE
STREET ADDRESS CITY-ST-ZIP	1997 ARDMOR DRIVE DAYTONA BEACH FL 32128-69	: 11	CITY-ST-ZIP	ORT ORAGE, FL 32128-6901
TITLE	DATIONA BEAUTIFE OF TEO GO	□ Delete	TITLE	☐ Change ☐ Addition
NAME .			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZİP			CITY - ST - ZIP	
TITLE NAME .		L_i Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	AND THE PERSON NAMED IN COLUMN TWO	- Delete	~ - TITLE ,	Change Addition
NAME STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
name Street address			NAME STREET ADDRESS	
~			STREET ADDRESS	ľ
CHY-ST-ZIP			CITY-ST-ZIP	
		□ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME		☐ Deicte	TITLE NAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	. TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby	certify that the information supplied w	with this filling does not qualify for	TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption state	Change Addition In Section 119.07(3)(i), Florida Statutes. I further certify that the information at the same legal effect as if made under oath; that I am an officer or director

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/15/03 (386) 763-3333