

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90261 043 ***150.00

DOCUMENT # P02000122757

1. Entity Name
EDWARD HAMILTON, INC.



Principal Place of Business
8715 BAY POINTE DR
TAMPA FL 33615

Mailing Address
8715 BAY POINTE DR
TAMPA FL 33615

11013058



2. Principal Place of Business

4321 HARBOR HOUSE DR.

Suite, Apt. #, etc.

3. Mailing Address

4321 HARBOR HOUSE DR.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

52-2386521

Applied For

Not Applicable

Zip

33615

Country

Zip

33615

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDBERG, MARK
8715 BAY POINTE DR
TAMPA FL 33615

Name

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

4321 HARBOR HOUSE DR.

City TAMPA

FL

Zip Code 33615

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

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

MARK H. LINDBERG

(NOTE: Registered Agent signature required when reinstating)

1/15/03

DATE

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 D ☐ Delete
NAME LINDBERG, MARK
STREET ADDRESS 8715 BAY POINTE DR
CITY-ST-ZIP TAMPA FL 33615

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS 4321 HARBOR HOUSE DR.
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

MARK H. LINDBERG

1/15/03

813 889 9829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)