

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000009894

1. Entity Name

HAMILTON MARKETING, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90153 002 ***158.75

Principal Place of Business

Mailing Address

12990 BEACON COVE LANE
FORT MYERS FL 33919

5836 REINHARDT DR
SHAWNEE MISSION KS 66205-3328
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0396083

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	HAMILTON, STANLEY A	
STREET ADDRESS	12990 BEACON COVE LANE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAMILTON, BENNETT M	
STREET ADDRESS	15210 GRANADA	
CITY-ST-ZIP	LEAWOOD KS 66223	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	HAMILTON, LAURIE J	
STREET ADDRESS	5836 REINHARDT DRIVE	
CITY-ST-ZIP	SHAWNEE MISSION KS 66206	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAMILTON, JOYCE W	
STREET ADDRESS	12990 BEACON COVE LANE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	EGAN, CHARLES J JR	
STREET ADDRESS	712 E 47TH ST	
CITY-ST-ZIP	KANSAS CITY MO 64110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.28.00

Date

(913) 262-2451

Daytime Phone #