2000 UNIFORM BUSINESS REPORT (UBR

2000 UNIFORM BUSINESS REPORT (UBR)				_ FILE	D	
DOCUMENT # P93000081039 1. Entity Name				Jan 20, 2000 8:00 am Secretary of State		
HAMILTO	ON-MALONE CORP.	u din 		01-20-2000 90161 0		
Principal Plac	e of Business	Mailing Address		7		
930 HIGHVIEW DR 930 HIGHVIEW DR						
PALM HARBOR FL 34683 PALM HARBOR FL 34683-6615			15	D00063	285	
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2. Principal Place of Business 19 11 3. Mailing Address 219 15		S 19N				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THE	S SPACE	
Cityes State	0.1	City & State		4. FEI Number 50 0044404	Applied For	
Valm Harbor, M/ Palm		Palm Nach		59-3211491	Not Applicable	
3468	4 Butys	34684	Country 12.5	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered	1 Agent	
MCQUOWN, EILEEN				(DO Rev Ni mbaria Nat Assestable)		
930 HIGHVIEW DR PALM HARBOR FL 34683			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
1712	W TO THE OTHER		City	F	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.						
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SIGNATURE .	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE:	Registered Agent signature requi	ured when reinstating) DATE		
9. This corpo	pration is eligible to satisfy its intangible	FILE NOW!	!! FEE IS \$150,00	40 Floring Compains Figureins	AF 00	
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee w Make Check Payable to De			·	1 HUSEFUNG COMMONDER.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	<u>. </u>	12.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 11	
TITLE	PSD	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	MCQUOWN, EILEEN 930 HIGHVIEW DR		NAME STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
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13. I hereby certify that the information supplied with this filling 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 otherwise empowered.						
SIGNATURE: Zilei Me Juic 1/13/00						
JIWITKI	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER O	R DIRECTOR	Pate	Daytime Phone #	