

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000019202

1. Entity Name

S. P. HAMILTON, INC.

Principal Place of Business

2317 NE LAKEVIEW DR.  
SEBRING FL 33870

Mailing Address

2317 NE LAKEVIEW DR.  
SEBRING FL 33870

2. Principal Place of Business

1840 Chucunantah rd

3. Mailing Address

1840 Chucunantah rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33133

Country

US

Zip

33133

Country

US

4. FEI Number

65-0475709

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILK, S. PAT  
2317 NORTHEAST LAKEVIEW DRIVE  
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name

RANDY HERSCOVICI

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

1840 Chucunantah rd

City

Miami

FL

Zip Code

33133

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

RANDY HERSCOVICI President 4/27/01

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, 2001 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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WILK, S P	
STREET ADDRESS	2317 NE LAKEVIEW DR.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WILK, SIMON J	
STREET ADDRESS	2317 NE LAKEVIEW DR.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	MASSUNG, PATRICIA N	
STREET ADDRESS	2317 NE LAKEVIEW DR.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDY HERSCOVICI	
STREET ADDRESS	1840 Chucunantah rd	
CITY-ST-ZIP	Miami FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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

Date

Daytime Phone #

RANDY HERSCOVICI 4/27/01 President



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)