

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075513

1. Entity Name

HAMILTON AIRCRAFT COMPANY, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90134 005 ***158.75

Principal Place of Business Mailing Address
CRESCENDO CIRCLE P O BOX 970427
BOCA RATON FL 33436 BOCA RATON FL 33440-1629
1284 Cypress Trace Dr US 1284 Cypress Trace Dr
Melbourne, FL 32940 Melbourne, FL 32940
48 48



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1284 Cypress Trace Dr Same
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Melbourne, FL
Zip Country Zip Country
32940 US
4. FEI Number 59-3270121 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
HAMILTON, C W
10000 CRESCENDO CIRCLE 1284 Cypress Trace Dr
BOCA RATON FL 33408 Melbourne, FL 32940
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 C. W. Hamilton President DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PT HAMILTON, C.W. 10000 CRESCENDO CIRCLE BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1284 Cypress Trace Dr Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMILTON, OLENE E 10000 CRESCENDO CIRCLE BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1284 Cypress Trace Dr Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: C. W. Hamilton SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1/10/00 (324) 752-7787
Date Daytime Phone #

CR2E034 (9/99)