

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011135

1. Entity Name

HAMILTON PARK CORPORATION

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90042 001 ***550.00

09-07-2000 90042 002 *****8.75

Principal Place of Business

Mailing Address

3614 LANDINGS WAY #107
TAMPA FL 33624

P.O. BOX 274087
TAMPA FL 33688-4087

2. Principal Place of Business

5309 Rawls Rd

3. Mailing Address

Same above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

4. FEI Number

59-3315296

Applied For

Not Applicable

Zip

33625

Country

Zip

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

CARREGAL, ALAN
6115 N. ARMENIA AVE.
SUITE B
TAMPA FL 33604

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 PD
NAME RODRIGUEZ, RAMON L
STREET ADDRESS 3614 LANDINGS WAY #107
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE
NAME 5309 Rawls Rd ☒ Change ☐ Addition
STREET ADDRESS TAMPA FL 33625
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME RODRIGUEZ, RAMON E
STREET ADDRESS 3614 LANDINGS WAY #107
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE
NAME 5309 Rawls Rd ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-00

Date

813 908 1709

Daytime Phone #

CR2E034 (9/99)