## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P95000048604

1. Entity Name

J. HAMPTON, INC.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90157 040 \*\*\*150.00

					600 WE 18					
Principal Place of Business 12 CENTURY LANE MIAMI BEACH FL 33139		12 CEN	Mailing Address 12 CENTURY LANE MIAMI BEACH FL 33139							
2. Principal Place of Business 3.			I. Mailing Address				) (81)/861 116 (6191 161)/1 90/14 98/11 98/	<b>        </b>		
Suite, Apt. #	#, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State				<b>4.</b> FE	65-0591866	N	oplied For ot Applicable	
Zip	p Country		ip Count			5. Certificate of Status Desired		Fee Require	\$8.75 Additional Fee Required	
6. Name and Address of Current Re			Istered Agent			7. Name and Address of New Registered Agent				
G. Name and Address of Control of					Name					
HAMPTON, JOHN					Street Address (P.O. Box Number is Not Acceptable)					
12 CENTURY LANE MIAMI BEACH FL 33139						_				
IIII WIII DE COTTO					City			FL Zip Co	de	
							at as both in the State of Florida	- — I am familiar with	and accept	
8. The above the obligati	named entity submits this statement ions of registered agent.	for the purpo	ose of changing its re	egisterea	office of regis	stereu age	TR, Or Bour, in the State of Florida			
SIGNATURE -	Signature, typed or printed name of registered age	ent and title if appl	icable. (NOTE:	Registered A	gent signature requ	uired when rei	nstating)	DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							<ol><li>Election Campaign Finance Trust Fund Contribution.</li></ol>	☐ Ådde	00 May Be ad to Fees	
10. OFFICERS AND DIRECTORS 11.						ADI	DITIONS/CHANGES TO OFFICE			
TITLE NAME STREET ADDRESS	D HAMPTON, JOHN 12 CENTURY LANE MIAMI BEACH FL 33139		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	·		☐ Change	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	WINNI DENOTTE SO 133		☐ Delete	TITLE NAME STREET	ADDRESS	<u>, , , , , , , , , , , , , , , , , , , </u>		☐ Change	☐ Addition	
CITY-ST-ZIP				TITLE				☐ Change	Addition	
TITLE NAME STREET ADDRESS		<del></del>	— Dollar	NAME STREET CITY-S	ADDRESS	e a	The state of the s			
CITY-ST-ZIP				TITLE	-			☐ Change	Addition	
TITLE NAME STREET ADDRESS	'		☐ Delete	NAME	ADORESS					
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS			☐ Delete	TITLE NAME STREE	T ADDRESS			[] Chang	e Addition	
CITY-ST-ZIP	1			CITY-S	SI-ZIP					

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/13/03 305534-1533

☐ Change

☐ Addition