## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P96000021280 Jan 19, 2000 8:00 am **Secretary of State** HAMILTON CONSULTING, INC. 01-19-2000 90082 041 \*\*\*150.00 Principal Place of Business Mailing Address 2319 MARSEILLE COURT 2319 MARSEILLE COURT VALRICO FL 33594-7248 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3366232 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAMILTON, LISA M Street Address (P.O. Box Number is Not Acceptable) 2319 MARSEILLE COURT VALRICO FL 33594 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PTD Change ☐ Delete TITLE TIT! F HAMILTON, BRADFORD L NAME NAME STREET ADDRESS STREET ADDRESS 2319 MARSEILLE COURT CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 ☐ Addition ☐ Change ☐ Delete TITLE TITLE HAMILTON, LISA M NAME NAME STREET ADDRESS STREET ADDRESS 2319 MARSEILLE COURT CITY-ST-7IP CITY-ST-ZIP VALRICO FL 33594 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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