

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91287 017 ***150.00

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DOCUMENT # P96000039526

1. Entity Name

HAMILTON & STAFF, INC.



Principal Place of Business

308 1/2 CENTRE STREET
2ND FLOOR

FERNANDINA BEACH FL 32034

Mailing Address

308 1/2 CENTRE STREET
2ND FLOOR

FERNANDINA BEACH FL 32034

11043434



2. Principal Place of Business

102 SOUTH 10th ST

Suite, Apt. #, etc.

3. Mailing Address

102 SOUTH 10th ST

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

FERNANDINA BEACH, FL

City & State

FERNANDINA BEACH, FL

4. FEI Number

59-3377674

Applied For

Not Applicable

Zip

32034

Country

USA

Zip

32034

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALL, JOHN S ESQ

1 INDEPENDENT DRIVE, SUITE 2600

JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
THIBAUT, ANN M
54 MARSH CREEK ROAD
AMELIA ISLAND FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BEATTIE, DAVID
16 JASMINE ST
FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
RYNER, MARGARET
4201 CONNETICUT AVE NW # 212
WASHINGTON DC 20008 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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☐ Change ☐ Addition

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

SIGNATURE:

Ann M Thibault
SIGNATURE REQUIRED

4/24/03

904 261 0201

Date

Daytime Phone #

CR2E034 (10/02)