

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90070 039 ***150.00

DOCUMENT # P96000056441

1. Entity Name
HAMLET HOLDINGS (CEDAR KEY), INC.

Principal Place of Business

4731 NW 60TH AVENUE
CHIEFLAND FL 32626

Mailing Address

P.O. BOX 345
CEDAR KEY FL 32625

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4731 NW 60TH AVE

Suite, Apt. #, etc.

City & State
CHIEFLAND

Zip
32626

Country

4. FEI Number
59-3478043

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COUSINS, ANTHONY D
ISLAND HOTEL
373 2ND ST.
CEDAR KEY FL 32625

7. Name and Address of New Registered Agent

Name
COUSINS ANTHONY D
 Street Address (P.O. Box Number is Not Acceptable)
4731 NW 60TH AVE
 City
CHIEFLAND FL Zip Code
32626

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

1-11-02

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, 2002 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

TITLE **PD** ☐ Delete
NAME **COUSINS, DAWN M**
STREET ADDRESS **373 2ND STREET**
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **SD** ☒ Delete
NAME **COUSINS, ANTHONY D**
STREET ADDRESS **373 2ND STREET**
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **COUSINS, DAWN M**
STREET ADDRESS **4731 NW 60TH AVE**
CITY-ST-ZIP **CHIEFLAND FL 32626**

TITLE **SD** ☒ Change ☐ Addition
NAME **COUSINS, ANTHONY D**
STREET ADDRESS **4731 NW 60TH AVE**
CITY-ST-ZIP **CHIEFLAND, FL 32626**

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

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

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

Date

Daytime Phone #

1-11-02 (352) 440 6944

CR2E034 (9/01)