

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90184 010 \*\*\*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  
**4731 NW 60TH AVE  
CHIEFLAND FL 32626**

2. Principal Place of Business  
**373 2ND STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 460**  
Suite, Apt. #, etc.

City & State  
**CEDAR KEY FL.**  
Zip  
**32625**  
Country  
**USA**

City & State  
**CEDAR KEY FL**  
Zip  
**32625**  
Country  
**USA**

4. FEI Number **59-3478043**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**COUSINS, ANTHONY D  
4731 NW 60TH AVE  
CHIEFLAND FL 32626**

## 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 \_\_\_\_\_ (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 **PD** ☐ Delete  
NAME **COUSINS, DAWN M**  
STREET ADDRESS **4731 NW 60TH AVE**  
CITY-ST-ZIP **CHIEFLAND FL 32626**

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

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/11/03 352 543 5111**  
Date Daytime Phone #

CR2E034 (10/02)