

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059806

1. Entity Name

HAMILTON TECHNICAL SALES, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90235 009 ***150.00

Principal Place of Business

Mailing Address

2946 GULF TO BAY BLVD

2946 GULF TO BAY BLVD

#40

#40

CLEARWATER FL 33759

CLEARWATER FL 33759-4222

831842



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10604 ALMA CREEK LANE

3. Mailing Address

10604 ALMA CREEK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVERVIEW FL

City & State

RIVERVIEW FL

4. FEI Number

59-3387910

Applied For

Not Applicable

Zip

Country

33569

USA

Zip

Country

33569

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINKOPF, GRACE A

2946 GULF TO BAY BLVD

#40

CLEARWATER FL 33759

Name

GRACE A. KINKOPF

Street Address (P.O. Box Number is Not Acceptable)

10604 ALMA CREEK LANE

City

RIVERVIEW

FL

Zip Code

33569

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

Grace A. Kinkopf

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/05/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINKOPF, GRACE A	NAME	
STREET ADDRESS	5946 GULF TO BAY BLVD #40	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33759	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Grace A. Kinkopf GRACE A. KINKOPF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/00

Date

727-424-4227

Daytime Phone #

CR2E034 (9/99)