

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064555

1. Entity Name

HAMILTON, SHURM & GRAY, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90086 011 ***150.00

Principal Place of Business
670 N ORLANDO AVE STE 101
MAITLAND FL 32751

Mailing Address
6620 SOUTHPOINT DR. S.
SUITE 610
JACKSONVILLE FL 32216-0912

2. Principal Place of Business

1008 Willa Springs Dr

Suite, Apt. #, etc.
Suite 100

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Winter Springs, FL 32708

Zip
32708

Country
Seminole

Zip

Country

4. FEI Number 59-3186581

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

SHURM, WILLIAM H
670 N ORLANDO AVE STE 101
MAITLAND FL 32751

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.

SIGNATURE William Shurm

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-30-00

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BROWN, CHARLTON V
CITY-ST-ZIP 6620 SOUTHPOINT DR SOUTH #610 JACKSONVILLE FL 32216

TITLE ☐ Delete
NAME D
STREET ADDRESS SHURM, WILLIAM H
CITY-ST-ZIP 670 N ORLANDO AVE STE 101 MAITLAND FL 32751

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

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

TITLE ☐ Change ☐ Addition
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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:

William H. Shurm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-00 (407) 642-6488