

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90120 030 ***150.00

DOCUMENT # P96000070061

1. Entity Name

KIM MEREDITH-HAMPTON, P.A.

Principal Place of Business

Mailing Address

**7208 SAND LAKE RD
#103
ORLANDO FL 32819**

**7208 SAND LAKE RD
#103
ORLANDO FL 32819**

2. Principal Place of Business

4401 Vineland Rd.

3. Mailing Address

4401 Vineland Rd.

Suite, Apt. #, etc.

A-9

Suite, Apt. #, etc.

A-9

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32811

Country

Orange USA

Zip

32811

Country

Orange USA

6. Name and Address of Current Registered Agent

HAMPTON-MEREDITH, KIM

**7208 SAND LAKE RD
#103
ORLANDO FL 32819**

**4401 Vineland Rd.
A-9
Orlando, FL 32811**

7. Name and Address of New Registered Agent

Name

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

4401 Vineland Road

Suite A-9

City

Orlando

FL

Zip Code

32811

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 **Kim Meredith-Hampton**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/01

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, 2001 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 **D** ☐ Delete
NAME **HAMPTON, KIM M**
STREET ADDRESS **7208 SAND LAKE RD, #103**
CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4401 Vineland Road, # A-9**
CITY-ST-ZIP **Orlando, FL 32811**

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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CITY-ST-ZIP

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: **Kim Meredith-Hampton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim Meredith-Hampton

Date

Daytime Phone #

4/16/01 407-370-4400

CR2E034 (10/00)

0070791