2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTE

SIGNATURE:

DOCUMENT # P96000096438 Apr 25, 2000 8:00 am Secretary of State HAMILTON HEIGHTS, INC. 04-25-2000 90093 018 ***150.00 Principal Place of Business Mailing Address 7275 BEE-RIDGE-RD 72/5 BEE RIDGE RD SARASOTA-FL 34232-6254 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address 2201 Centu of DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0711073 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMILTON, JANA L. Street Address (P.O. Box Number is Not Acceptable) 7275 BEE RIDGE RD SARASOTA-FL 34241 antu Ct #118 FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSTD** Delete ☐ Change ☐ Addition TITLE TITLE HAMILTON, JANA L. NAME NAME 2201 Cantu Ct #118 7275 BEE RIDGE RD STREET ADDRESS STREET ADDRESS Sarasota, or 34232 2201 Cantu Ct 4118 SARASOTA FL-34241 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition HAMILTON, MICHAEL D NAME NAME 7275 BEE RIDGE RD STREET ADDRESS STREET ADDRESS SARASOTA-FL-34241 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE SIMOLARI, PHILIP NAME NAME 1800 BEN FRANKLIN DR. #B-906 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL 34228 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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

resident