2001 UNIFORM BUSINESS REPORT (UBR)

May 12, 2001 8:00 am Secretary of State DOCUMENT # P9700001534 HAMILTON INTERNATIONAL, INC. 05-12-2001 90039 041 ***150.00 Principal Place of Business Mailing Address 11202 CRESCENT BAY BLVD. 11202 CRESCENT BAY BLVD. CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. OO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3431285 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired fiee Required 7. Name and Address of New Registere 6. Name and Address of Current Registered Agent HAMILTON, DANNY W Street Address (P.O. Box Number is Not Acceptable) 11202 CRESCENT BAY BLVD. CLERMONT FL 34711 Zip Code FL 8. The above named entity tement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. N SIGNATURE (NOTE: Registered Agent signature required when reinstating) inted name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PCFO** ☐ Change Addition TITLE ☐ Delete TITLE HAMILTON, DANNY W NAME NAME 11202 CRESCENT BAY BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 Change Addition Delete TITLE TITLE HAMILTON, ANNE T NAME NAME STREET ADDRESS STREET ADDRESS 11202 CRESCENT BAY BLVD. CITY-ST-7IP CITY-ST-ZIP CLERMONT FL 34711 Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition 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-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

274,7001 (352)241047