FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700016442 1. Entity Name Hamilton Printing & OFFice Supplies, Inc



FILED

03 MAY 20 AM 10: 12

SECRETARY OF STATE TALLAR ASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

						000019580730 05/20/0301066001 **150,00			
	ace of Business	3. Mailing Address				301066001	**150.	. 00	
105 N	W HATLEY Street	(P.O. Box 1685							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number			Applied For	
<u>JASPE</u>		DASPER,	1-6		59-3	343-5707		Not Applicable	
3202	52 HAMIL FOR	untry . Zip 32052		ilton	5. Certificate of	Certificate of Status Desired Sa.75 Additional Fee Required			
				7. Name and Address of Current Registered Agent					
				Name Susan Jennell					
All Marian and the same of the	DO NOT W	RIJE	Street Address (P.0			O. Box Number is Not Acceptable).			
	IN THIS SI								
			City DASPER, FL FL Zip Code 32052						
			City			7 7	FL Zip Code 3205 2		
The state of the s		<i>\mathcal{D}\text{AS}</i>	r registered agent, or both, in the State of Florida. I am familiar with, and accept						
	named entity submits this statement in ons of registered agent.	or the purpose of changing	its registere	a onice or registe	ered agent, or both,	in the State of Florida, I a	am taminar wi	in, and accept	
•	-0 \wedge \wedge	.00					///		
SIGNATURE Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OPTION OF THE PROPERTY OF THE PROP								<u>, </u>	
lan	Signature: Typed or printed name of registered agen uary 1 - May 1, Fee is \$150.00	t and blie it applicable. (r	VOTE: Hegistered	Agent signature require	ed when reinstating)				
After May 1, Fee is \$550.00							5.00 May Be		
Amended UBR is \$61.25 Make Check Payable to Florida Department of State					Trust I	Fund Contribution.	∐ Ad	lded to Fees	
10.	OFFICERS AND	State and a second state of the second	E 5000	er Communication and only in the second					
	P-S-T-D		ITTLE	1 (d) 1 (d) 1 (d) 1	Software A. P. A. C. Santon, No. 30.			197.25	
	Susaw Fennell		NAME				Sept. A.		
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12. 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 10 or on an attachment with an address, with all other like empowered.

SUSAN Fennell, President 5/19/63

SIGNATURE: