

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # Pq7000016442

1. Entity Name

Hamilton Printing & Office Supplies, Inc



FILED

03 MAY 20 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

000019580730
05/20/03--01066--001 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

105 NW Hatley Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1685

Suite, Apt. #, etc.

City & State

DASPER, FL

City & State

DASPER, FL

Zip

32052

Country

Hamilton

Zip

32052

Country

Hamilton

4. FEI Number

59-343-5707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Susan Fennell

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

105 N. W. Hatley St.

City

DASPER, FL

FL

Zip Code

32052

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Susan Fennell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/19/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P-S-T-D	Susan Fennell	105 N.W. Hatley St.	DASPER, FL 32052
V-D	William C. Fennell	105 N.W. Hatley Street	DASPER, FL 32052

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Susan Fennell Susan Fennell, President 5/19/03 386-792-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)