2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
02-13-2001 90041 034 ***150.00

DOCUMENT # P97000089153

1. Entity Name

HAMPTON & ASSOCIATES, INC.

715465

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~301 GOLDEN ISLES~~ ~~HALLANDALE FL 33009-5857~~ 1840 SE 5TH CT. POMPANO BCH, FL. 33060	~~301 GOLDEN ISLES~~ ~~HALLANDALE FL 33009-5857~~ SAME

2. Principal Place of Business	3. Mailing Address
1840 SE 5TH CT	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BCH FL	City & State
Zip: 33060 Country	Zip Country

4. FEI Number 65-0802458 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAMPTON, RALPH E ~~301 GOLDEN ISLES DR., UNIT 101~~ ~~HALLANDALE FL 33009-5857~~	Name: HAMPTON RALPH E Street Address (P.O. Box Number is Not Acceptable): 1840 SE 5TH CT City: POMPANO BCH FL Zip Code: 33060

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 _____ 2-01-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAMPTON, CAOLYN 301 GOLDEN ISLES DRIVE #101 HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAMPTON, RALPH E. 301 GOLDEN ISLES DR #101 HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: _____ 2-1-01 954-456-2340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #