2001 UNIFORM BUSINESS REPORT (UBR)

P98000000913 DOCUMENT

1. Entity Name

HAMILTO	N SALES	& MARKETING E	INTERPRISES, INC.		Č	700	09	12-2001 9	0005 001 3	***150	.00	
Principal Place 4614 RIDGECU BRANDON FL	IFF DRIVE	s .	Mailing Address 4614 RIDGECLIFF DRIVE BRANDON FL 33511									
2. Principal P	lace of Busin	ness	3. Mailing Address									
Suite, Ast. #, etc.			Suite, Apt. #, etc.			1	DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	4. FEI Number 59-3485053			Applied For Not Applicable		
Zip Country			Zip	itry	5. Certificate of Status Desired.			□\$8. Fee	3.75 Additional e Required			
	β. Name	and Address of Curren	.		7. 1	Name and Address	of New Reg	istered Agen	it		1	
	OTT, MICHA LÜMSDEN				Name Street A	ddress (P.O. E	Box Number is Not A	Acceptable)				
BRANDON		THORD				(2)				*	1	
•									FL	Zip Code		1
8. The above	named entit	y submits this statement f	or the purpose of changing its	register	ed office or	registered ag	gent, or both, in the	State of Florid	da.			1
SIGNATURE .	Signature, typed	or printed name of registered ager	it and title if applicable. (NOT	E: Registere	d Agent signatu	re required when re	einstating)		DATE			
Tax filing r	-	ible to satisfy its Intangibl and elects to do so.	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750 Make Check Payable to Department of St			e \$750.00						
11.		OFFICERS AND	DIRECTORS	12.		ΑC	DITIONS/CHANGE	S TO OFFIC] _
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N, KATHY GECLIFF DRIVE ON FL 33511	☐ Delete			Ba	sano N	ادر	335	Change	☐ Addition	10/3/ FC010
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							Change	Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second s	Delete			E . M. AMBER				Change ·	☐ Addition	F-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I		L Delete							Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL NAN STR	E					Change	☐ Addition	-

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:

9/8/01 (\$13)681-4545 Dayline Prone #

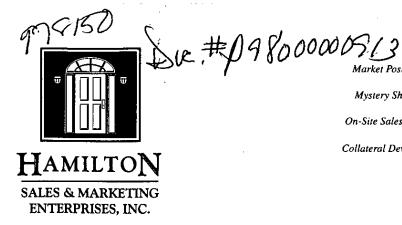
FILED
Sep 12, 2001 8:00 am
Secretary of State

Residential Builders

Country Clubs

Planned Developments

Life Care Facilities



Mystery Shopping

On-Site Sales Training

Collateral Development

September 6, 2001

Department of State **Division of Corporations**

Gentlemen

Enclosed is my check for \$150.00 for my corporate annual report. I am a one person minority corporation working from my home office.

I never received the first notice from you, and was not aware of the original required date. I have now marked my calendar for future years to avoid this problem later.

Please accept this check as payment in full so that I can continue to operate. My business is small and the extra \$400.00 penalty would be financial hardship.

Sincerely.

Kathleen S. Hamilton

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