

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

09-12-2001 90005 001 \*\*\*150.00

**DOCUMENT # P98000000913**

**1. Entity Name**  
**HAMILTON SALES & MARKETING ENTERPRISES, INC.**

**Principal Place of Business**

**4614 RIDGECLIFF DRIVE  
 BRANDON FL 33511**

**Mailing Address**

**4614 RIDGECLIFF DRIVE  
 BRANDON FL 33511**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**59-3485053**

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**

**MCDERMOTT, MICHAEL J  
 791 WEST LUMSDEN ROAD  
 BRANDON FL 33511**

Name

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

City

**FL**

Zip Code

**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**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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** ☐ Delete  
**NAME** **D**  
**STREET ADDRESS** **HAMILTON, KATHY**  
**CITY-ST-ZIP** **4614 RIDGECLIFF DRIVE**  
**BRADENTON FL 33511**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **Brandon FL 33511**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/8/01** **(813) 681-4545**  
 Date Daytime Phone #

CR2E034 (5/01)

Attachment

*Residential Builders*

*Country Clubs*

*Planned Developments*

*Life Care Facilities*

775150



**HAMILTON**

SALES & MARKETING  
ENTERPRISES, INC.

Dr. #09800000513

*Market Positioning*

*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*

Kathleen S. Hamilton