2000 UNIFORM BUSINESS REPORT (UBR) FILE 17-2000 90072 020 *** 150.00 DOCUMENT # 1998000013118 P98000013118 00 AUG 23 PM 12: 07 Homingon intertoles UTO, INC. SEGRETARY OF STATE TALLARYSSEE, PLORIDA Principal Place of Business Mailing Address ZIO MERRAIN RO D U U U U U U J PAINEBERGE EN 33480 2. Principal Place of Business 3. Mailing Address SAME 210 MEMAIN RO DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number -City & State City & State 65-087012 Not Applicable pan freder Country \$8.75 Additional Zip 5. Certificate of Status Desired 33080 Fee Required U 8/A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Carterint spensons Street Address (P.O. Box Number is Not Acceptable) to the 4000 ab an both 210 MERRAIN RO Zip Code 1B CA 33480 nt, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of c SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax liling requirement and elects to do so. Afte Trust Fund Contribution. Added to Fees (See criteria on back) DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11: ☐ Change Addition TITLE TITLE Presson 100003384431--011 100003384431--011 CATHERINE STEWARY NAME NAME STREET ADDRESS STREET ADDRESS 210 mERNAIN RD ****150.00 ****150. CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition NAME LIABAC ANDREW STEWART STREET ADJUNESS STREET ADDRESS 215 MERGAIN RO I.T. ST-ZIP CITY-ST-ZIP CA 33480 PALM BEAUX Change Addition Delete TITLE TITLE NAME STREET ADDRESS J. WELL ADDRESS CITY-ST-ZIP ST ZE ☐ Change ☐ Delete TITLE ☐ Addition MILE NAME STREET ADDRESS 1000000 CITY-ST-ZIP ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS Annares CITY-ST-ZIP ST IP ☐ Change Addition ☐ Delete STREET ADDRESS anna Anggegg City-ST-ZIP SY-ZIP thereby 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 supother like empowered. MATURE:

HAMILTON FURNITURE

August 14th, 2000

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Hamilton Interiors Ltd, Inc. Ref #P98000013118

Attn: Sean Toner, Senior Section Administrator

Dear Mr. Toner:

With reference to the above stated reference #P98000013118. Please be advised we had never received the forms to file. We then received the forms and sent them to you.

Per our conversation with Stacey of your department today, we were advised to again send the forms back to you along with this letter of explanation and the \$150.00 filing fee for the year 2000. She assured us the fees would be waived and we would be reinstated in good standing. Please process our forms and send us confirmation of same. Thank you.

Sincerely,

HAMILTON INTERIORS LTD, INC.

Catherine M. Stewart

President

CMS/rh