

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90013 007 ***150.00

DOCUMENT # P98000022293

1. Entity Name

A.M. HAMILTON & ASSOCIATES, INC.

Principal Place of Business

2220 CYPRESS BEND DRIVE
#409
POMPANO BEACH FL 33069

Mailing Address

2220 CYPRESS BEND DRIVE
#409
POMPANO BEACH FL 33069

2. Principal Place of Business

318 NE 7th Ave

3. Mailing Address

318 NE 7th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Del Ray Beach, FL

City & State

Del Ray Beach, FL

Zip

33483

Country

Zip

33483

Country

4. FEI Number

65-0827655

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

HAMILTON, ANGELA M
2220 CYPRESS BEND DRIVE
#409
POMPANO BEACH FL 33069

Name

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

318 NE 7th Ave

City

Del Ray Beach.

FL

Zip Code

33483

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

Angela M. Hamilton

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 PSD ☐ Delete
NAME HAMILTON, ANGELA M
STREET ADDRESS 2220 CYPRESS BEND DR., #409
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 318 NE 7th Ave
CITY-ST-ZIP Del Ray Beach, FL 33483

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

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Angela M. Hamilton
ANGELA HAMILTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01 954-346-7288
Date Daytime Phone #

CR2E034 (10/00)