2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90130 021 ***150.00

DOCUMENT # P98000049685

1. Entity Name
HAMILTON FUNDING, INC.

Principal Place of Business	Mailing Address
14502 N DALE MABRY HIGHWAY SUITE 200 TAMPA FL 33618 US	200 EAST LAS OLAS BLVD. #1800 FORT LAUDERDALE FL 33301-2209 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		200 EAST LAS OLAS BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 1900	
City & State		City & State FORT LAUDERDALE, FL.	
Zip	Country	Zip 33301-2209	Country U.S.

4. FEI Number 59-3514569 ☐ 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
MORGAN, PHILIP J ESQ 200 EAST LAS OLAS BLVD. #1800 FORT LAUDERDALE FL 33301-2209	Name MORGAN, Philip J. Esq. Street Address (P.O. Box Number is Not Acceptable) 200 EAST LAS OLAS BLVD. SUITE 1900 City FORT LAUDERDALE Zip Code 33301-2209

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 $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	PSTD FIERKE, DAVID H 14502 NORTH DALE MABRY HIGHWAY #200 TAMPA FL 33618 ☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: [signature] DAVID H. FIERKE 4/17/01 (813) 968-1194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)