

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101063

1. Entity Name

HAMILTON-WILTSHIRE INVESTMENTS, INC.

FILED

May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90093 048 \*\*\*150.00

Principal Place of Business  
4134 GULF OF MEXICO DRIVE, STE. 302  
LONGBOAT KEY FL 34228

Mailing Address  
5770 W IRLO BRONSON HWY.  
225  
KISSIMMEE FL 34746-4722  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Soundtracks Studio  
Suite, Apt. #, etc.  
225  
City & State  
Kissimmee FL  
Zip  
34746  
Country  
USA

3. Mailing Address  
5770 W IRLO BRONSON HWY  
Suite, Apt. #, etc.  
225  
City & State  
Kissimmee FL  
Zip  
34746  
Country  
USA

4. FEI Number  
99 354 9842  
APPLIED FOR  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WILTSHIRE, PATRICIA  
4134 GULF OF MEXICO DRIVE, STE. 302  
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent  
Name  
Mrs Patricia WILTSHIRE  
Street Address (P.O. Box Number is Not Acceptable)  
23 UNIVERSAL DR  
SOBT Kissimmee  
City  
Kissimmee FL  
Zip Code  
34746

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, 2000 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	D	<input type="checkbox"/> Delete	TITLE	MRS PW WILTSHIRE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILTSHIRE, PATRICIA		NAME	Patricia WILTSHIRE	
STREET ADDRESS	4134 GULF OF MEXICO DRIVE, STE. 302		STREET ADDRESS	23 UNIVERSAL DR	
CITY-ST-ZIP	LONGBOAT KEY FL 34228		CITY-ST-ZIP	SOBT Kissimmee 34746 FL	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Patricia WILTSHIRE Date 4073960116 Daytime Phone #