## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P9900011772



## **FILED** Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90077 028 \*\*\*150.00

| 1. Entity Name HAMRICK, PERREY, QUINLA ATION |                    |           |
|--|--------------------|-----------|
| Principal Place of Business                  | Mailing Address    | <u></u> - |
| 601 12TH ST, W.                              | 601 12TH ST. W.    |           |
| BRADENTON FL 34205                           | BRADENTON FL 34205 |           |

| Principal Pla<br>601 12TH S'<br>BRADENTON |   | Mailing Address<br>601 12TH ST. W.<br>BRADENTON FL 34205 |                                  | 1 ( <b>12</b> /1 <b>13)</b> // <b>0 (0</b> /14 (0/2) <b>0</b> 0/11 <b>0</b> 0/12 <b>0</b> 0/13 <b>0</b> | 1 <b>88</b> 1 17871 1 <b>88</b> 11 1 <b>8888</b> 1112 1 <b>88</b> 7 |
|---|---|--|----------------------------------|---|---|
| 2. Principal                              | Place of Business                                   | 3. Mailing Address                                       |                                  |   |   |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |   |  | CHECK HERE IF MAKING CHANGES     |   |   |
| City & State                              |   | City & State   |                                  | 4. FEI Number 65-0891993 Applied For  |   |
| Zip                                       | Country   | _ Zip  | Country                          | 5. Certificate of Status Desired  | Not Applicable \$8.75 Additional                                    |
|   | 6. Name and Address of Currer                       | nt Registered Agent                                      | <u> </u>                         | 7. Name and Address of New Registered A   | Fee Required  |
|   |   |  | Name                             |   | 9011  |
|   | PHILIP E  |  | Street Addre                     | ess (P.O. Box Number is Not Acceptable)   |   |
| 601 12TH                                  |   | ,  | Olieet Addie                     | ess (r.o. box number is not Acceptable)   |   |
| BRADEN                                    | TON FL 34205  |  |                                  | •   |   |
|   |   |  | City                             | FL  | Zip Code  |
| 8. The above                              | e named entity submits this statement               | for the purpose of changing its                          | registered office or roa         | istered agent, or both, in the State of Florida. I am fa  | 1 '   |
| the obliga                                | tions of registered agent.                          | the purpose of sittinging its                            | registered office of reg         | istered agent, or both, in the state of Florida. I am ta  | imiliar with, and accept  |
| SIGNATURE                                 |   |  |                                  |   |   |
| - CICIONONE                               | Signature, typed or printed name of registered ager | at and title if applicable. (NOTE                        | : Registered Agent signature red | quired when reinstating) DATE   |   |
| F   | ILE NOW!!! FEE IS \$150.00                          |  |                                  |   | · · · · · · · · · · · · · · · · · · ·                               |
| Afte                                      | r May 1, 2003 Fee will be \$550.00                  | )  |                                  | 9. Election Campaign Financing  | <b>\$5.00</b> May Be  |
|   | k Payable to Florida Department                     |  |                                  | Trust Fund Contribution.  | Added to Fees   |
| 10.                                       | OFFICERS AND  | <del></del>  | 11.                              | ADDITIONS/CHANGES TO OFFICERS AND   | DIRECTORS IN 11   |
| TITLE<br>NAME                             | D NAMBION MICHAEL M                                 | ☐ Delete   | TITLE                            |   | ☐ Change ☐ Addition   |
| STREET ADDRESS                            | HAMRICK, MICHAEL M<br>601 12TH ST. W.               |  | NAME                             |   | •   |
| CITY-ST-ZIP                               | BRADENTON FL 34205                                  |  | STREET ADDRESS<br>CITY-ST-ZIP    |   |   |
| TITLE                                     | · · · · · · · · · · · · · · · · · · ·               | П  | +                                |   |   |
| NAME                                      | D<br>  Perrey, Philip e                             | ☐ Defete   | TITLE                            | 1   | ☐ Change ☐ Addition   |
| STREET ADDRESS                            | 601 12TH ST. W.                                     | •  | NAME<br>STREET ADDRESS           |   |   |
| CITY-ST-ZIP                               | BRADENTON FL 34205                                  |  | CITY-ST-ZIP                      |   | }   |
| TITLE                                     | D   | Delete   | TITLE                            |   |   |
| NAME                                      | QUINLAN, JOHN V                                     | L Delicte  | NAME                             | l   | ☐ Change ☐ Addition   |
| STREET ADDRESS                            | 601 12TH ST. W.                                     | •  | STREET ADDRESS                   |   |   |
| CITY-ST-ZIP                               | BRADENTON FL 34205                                  |  | CITY-ST-ZIP                      |   |   |
| TITLE                                     | D .   | ☐ Delete   | TITLE                            | -   | ☐ Change ☐ Addition   |
| IAME                                      | SMITH, GILBERT A JR.                                |  | NAME                             | •   |   |
| TREET ADDRESS                             | 601 12TH ST. W.                                     |  | STREET ADDRESS                   |   |   |
|   | BRADENTON FL 34205                                  |  | CITY-ST-ZIP                      |   |   |
| ITLE I                                    |   | ☐ Delete   | TITLE                            |   | Change Addition   |
| TREET ADDRESS                             |   |  | NAME .                           |   |   |
| ITY-ST-ZIP                                | •   | • .  | STREET ADDRESS<br>CITY-ST-ZIP    |   | 1   |
| ITLE                                      |   |  |                                  |   |   |
| AME                                       |   | ☐ Delete   | TITLE                            |   | ☐ Change ☐ Addition   |
| TREET ADDRESS                             |   |  | NAME<br>CIRECT ADDRESS           |   | }   |
| ITY-ST-ZIP                                |   |  | STREET ADDRESS                   |   |   |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #