

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90653 029 \*\*\*150.00

0125951 AV

**DOCUMENT # P99000014640**

1. Entity Name

**HAMILTON ENTERPRISES OF VERO, INC.**

Principal Place of Business

**1450 OCEAN DR  
 APT. 103  
 VERO BEACH FL 32963**

Mailing Address

**1450 OCEAN DR  
 APT. 103  
 VERO BEACH FL 32963**

2. Principal Place of Business

**2820 Cardinal Dr.**

3. Mailing Address

**2820 Cardinal Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Vero Beach**

City & State

**Vero Beach**

Zip

**32963**

Country

**Indian River**

Zip

**32963**

Country

**Indian River**

6. Name and Address of Current Registered Agent

**GLORIEUX, JOHN  
 1450 OCEAN DR  
 APT. 103  
 VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name: **John H. Glorieux**  
 Street Address (or Mailing Address if acceptable): **2820 Cardinal Drive**  
**Vero Beach, FL 32963**  
 City: **FL** Zip Code: **32963**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/3/02**

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, 2002 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

TITLE: **DPS** ☐ Delete  
 NAME: **GLORIEUX, JOHN**  
 STREET ADDRESS: **1450 OCEAN DR, 103**  
 CITY-ST-ZIP: **VERO BEACH FL 32963**

TITLE: ☐ Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Delete

TITLE: ☐ Delete  
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TITLE: ☐ Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **DPS** ☒ Change ☐ Addition  
 NAME: **John H. Glorieux**  
 STREET ADDRESS: **2820 Cardinal Drive**  
 CITY-ST-ZIP: **Vero Beach, FL 32963**

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

TITLE: ☐ Change ☐ Addition  
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☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/02**

Date

**772-234-1662**

Daytime Phone #

CR2E034 (9/01)