

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90384 025 ***150.00

DOCUMENT # P99000032142

1. Entity Name
HAMEL CUSTOM BUILDERS CORP.



Principal Place of Business
**7421 POLK STREET
HOLLYWOOD FL 33024**

Mailing Address
**7421 POLK STREET
HOLLYWOOD FL 33024**



2. Principal Place of Business

9076 BAY HARBOR CIR
Suite, Apt. #, etc.

3. Mailing Address

9076 BAY HARBOR CIR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

WEST PALM BEACH, FL

Zip
33411

Country

PALM BEACH

City & State

WEST PALM BEACH, FL

Zip
33411

Country

PALM BEACH

4. FEI Number **65-0917567**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAMEL, DAVID
7421 POLK STREET
HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name
DAVID HAMEL

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

9076 BAY HARBOR CIR

City
WEST PALM BEACH

FL

Zip Code
33411

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HAMEL, DAVID
7421 POLK STREET
HOLLYWOOD FL 33024** ☒ Delete **NEW ADDRESS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HAMEL, DAVID B
9076 BAY HARBOR CIR, WPB 33411** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/03
Date

(951) 448-1618
Daytime Phone #

CR2E034 (10/02)