

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076013

1. Entity Name
HAMILTON'S PAINT & BODY SHOP, INC.

Principal Place of Business
2336 NW 30TH COURT
OAKLAND FL 33311

Mailing Address
2336 NW 30TH COURT
OAKLAND FL 33311

2. Principal Place of Business
2336 N.W. 30 CT.
Suite, Apt. #, etc.

3. Mailing Address
OAKLAND PK FL
Suite, Apt. #, etc.
2336 NW 30 CT.

City & State
OAKLAND PARK FL.

City & State
OAKLAND PK FL

Zip
33311

Country
BrowarD

Zip
33311

Country
BrowarD

4. FEI Number
65-0944700

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, EDWARD
2336 NW 30TH COURT
OAKLAND PK FL 33311

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Edward Hamilton EDWARD HAMILTON 9-7-01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
NAME HAMILTON, EDWARD
STREET ADDRESS 801 NW 33 TERR
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE S
NAME HAMILTON, BARBARA
STREET ADDRESS 801 NW 33 TERR
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME BETTY MARSHALL
STREET ADDRESS 2141 NW 28 ST
CITY-ST-ZIP OAKLAND PK FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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: Edward Hamilton EDWARD HAMILTON 9-7-01 954-4865282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90012 044 ***558.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)