

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102236

1. Entity Name  
E H HAMILTON ENTERPRISES, INC.

Principal Place of Business  
7150 BLANDING BLVD.  
JACKSONVILLE FL 32244

Mailing Address  
7150 BLANDING BLVD.  
JACKSONVILLE FL 32244

2. Principal Place of Business  
5030 YEARLING LANE  
Suite, Apt. #, etc.

3. Mailing Address  
5030 YEARLING LANE  
Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL.  
Zip 32210 Country

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JACKSONVILLE, FL.  
Zip 32210 Country

4. FEI Number  
59-3622065

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HAMILTON, JOHN E  
7150 BLANDING BLVD.  
JACKSONVILLE FL 32244

## 7. Name and Address of New Registered Agent

Name HAMILTON, JOHN E.  
Street Address (P.O. Box Number is Not Acceptable)  
5030 YEARLING LANE  
City JACKSONVILLE FL Zip Code 32210

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, JOHN E 5030 YEARLING LANE JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*John E. Hamilton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 9/8/01 Daytime Phone # (904) 771-9796

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90010 030 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)