

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V30832

1. Entity Name

HAMILTON SECURITY CO., INC.

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90038 010 \*\*\*150.00

|   |  |
|---|--|
| Principal Place of Business<br>739 E. SILVER SPRINGS BLVD<br>OCALA FL 34470<br>US | Mailing Address<br>PO BOX 778<br>SPARR FL 32192-0778<br>US |
|---|--|

DUU10131



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|  |  |
|--|--|
| 4. FEI Number<br><b>59-3123550</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>HAMILTON, LOU B.<br>13448 NE 39TH TERR.<br>SPARR FL 34470 |
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|  |                          |
|--|--------------------------|
| 7. Name and Address of New Registered Agent                                      |                          |
| Name<br><i>LINDA G. PATE</i>   |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><i>13448 NE 39th Terr.</i> |                          |
| City<br><i>SPARR FL</i>  | Zip Code<br><i>32192</i> |

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<br><i>Linda G. Pate</i> <i>LINDA G. PATE</i> | DATE |
|--|------|

|   |  |   |
|---|--|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2000 Fee will be \$550.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HAMILTON, ROBERT S.<br>739 E. SILVER SPRINGS BLVD<br>OCALA FL <input checked="" type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>LINDA G. PATE<br>739 EAST Silver Springs Blvd.<br>OCALA FL 32192 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>PATE, LINDA G<br>739 E. SILVER SPRINGS BLVD<br>OCALA FL <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>HAMILTON, LOU B<br>739 E. SILVER SPRINGS BLVD SUITE 109<br>OCALA FL 34470 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:<br><i>Linda G. Pate</i> <i>LINDA G. PATE</i> | Date<br><i>2/3/2000</i> | Daytime Phone #<br><i>(352) 622-9842</i> |
|---|-------------------------|--|

CR2E034 (9/99)