FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Mar 11, 2002 8:00 am Secretary of State

03-11-2002 90074 004 ***150.00

V HAMRICK & SOUS, INC.			420447
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 7303 18 Au Suite, Apt. #, etc.	≅ NW	DO NOT WRITE IN THIS SPACE
City & State OKEECHOBEE, FL	City & State BRADENTON FL		4. FEI Number Applied For Not Applicable
Zip 34973 Country USA	Zìp Cou	intry 5 A-	5. Certificate of Status Desired \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent Name DRUID G-HAMRICK Street Address (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered office or registered.			DENTON FL Zip Code 3 4209
SIGNATURE DAY D Signature, typed or printed name of registered at	HAMRICK	red Agent signature require	DO. Homvil 2-25-02

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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

DOCUMENT# 243050

1. Entity Name

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

CR2E034B (12/01)

OFFICERS AND DIRECTORS 11. TITLE DAVID B. HAMRIUK NAME 1303 18 Ave MW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 3+209 TITLE TITLE MICHAGL M. HAMRICK NAME NAME STREET ADDRESS STREET ADDRESS 1017 9157 N.W. CITY-ST-ZIP CITY-ST-ZIP BRADENTON. FL TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID O. HAMRING DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR