

2001 UNIFORM BUSINESS REPORT (UBR)

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

08-13-2001 90006 016 ***550.00

01000007 AT

DOCUMENT # 579299

1. Entity Name

HAMMER CONSTRUCTION OF JAX, INC.

Principal Place of Business

**1444 REWIS RD. WEST
P. O. BOX 7864
JACKSONVILLE FL 32220**

Mailing Address

**1444 REWIS RD. WEST
P. O. BOX 7864
JACKSONVILLE FL 32220**

00075185



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1444 REWIS RD WEST
Suite, Apt. #, etc.
P O Box 7864**

3. Mailing Address

**P O Box 7864
Suite, Apt. #, etc.
P O Box 7864**

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL 1

4. FEI Number

59-1878191

Applied For

Not Applicable

Zip

32238-0864

Country

USA

Zip

32238-0864

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAMNER, JESSE VERNON
1444 REVIS ROAD WEST
JACKSONVILLE FL 32220**

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

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** ☐ Delete
NAME **HAMNER, JESSE VERNON**
STREET ADDRESS **1444 REWIS ROAD WEST**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **D** ☐ Delete
NAME **SCHMACHER, STEVE**
STREET ADDRESS **11934 PINEBROOK DR. S.**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
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:

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

Date

Daytime Phone #

CP2E034 (5/01)