2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F91648 1. Entity Name DAVID M. HAMMOND, P.A.					Sep 12, 2001 8:00 am Secretary of State 09-12-2001 90156 026 ***550.00		
Principal Place of Business Mailing Address							
% DAVID M. I 130 PASADEN ORLANDO FL	A PLACE	BOX 532102 ORLANDO FL 32853-2102					
	lace of Business	3. Mailing Address			#	ii fali dirii didik didii baafi di	
o Chery] Suite, Apt.	L. Hammond	c/o Cheryl L. Hammond Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
692 Dt	inblane Drive	692 Dunblane Drive					
City & Stat	e Park, FL	City & State Winter Park, F.	Τ.	4.	FEI Number 59-2206325		plied For t Applicable
Zip	Country	Zip	Country	5	. Certificate of Status Desired	□ \$8.75 Add	itional
32792	Us	32792	US			Fee Required	<u> </u>
	6. Name and Address of Current F	registered Agent	Name.		Name and Address of New Re	egistereo Agent	
HAMMOND, DAVID M. 130 PASADENA PLACE ORLANDO FL 32803			Street A	RENCE, GREGORY K. ddress (P.O. Box Number is Not Acceptable) N. Magnolia Ave., Suite 1500			
01.04100			City			FL Zip Code	
0 The above	named entity submits this statement for	she as all abancing its so		ando,	annet or hoth in the Ctate of Elec	328	03
SIGNĀTURE	SKEGOKY OK MANKENCES	Xa-	Registered Agent signat			09/10/01 DATE	
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so. iria on back)	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750. Make Check Payable to Department of Sta		e \$750.00 t of State	10. Election Campaign Fina Trust Fund Contribution	. Added	May Be to Fees
11.	OFFICERS AND I		12.		ADDITIONS/CHANGES TO OFFI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hammond, David M P O Box 532102 Orlando Fl 32853-2102	🟝 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	692 DU	D, CHERYL L. NBLANE DRIVE PARK, FL 32792	☐ Change	K Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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13. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for the true and accurate and that my	he exemption sta signature shall h	ted in Section ave the same	n 119.07(3)(i), Florida Statutes. I e legal effect as if made under o	further certify that the in ath; that I am an officer	formation or director

SIGNATURE: CLASINATURE AND TAPER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/01

(407) **647-722**

Daytime Phone #

Date