2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90045 026 ***150.00

0471711

DOCUMENT # H47483

1. Entity Name
HAMMOCK BREEZE CORP.

D0028625

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
GULF SIDE MOTEL 552 1ST ST CEDAR KEY FL 32625 US	RICHARD TINDALL PO BOX 3 CEDAR KEY FL 32625 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Wm G. Viertel 6450 S.W. State Hwy 24
City & State	City & State Cederkey Fl
Zip / Country	Zip 32625 / Country Levy

4. FEI Number 31-0843425 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VIERTEL, WILLIAM G. 6450 SW STATE HWY 24 CEDAR KEY FL 32625	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 $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIERTEL, WILLIAM G. 6450 SW STATE HWY 24 CEDAR KEY FL 32625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST VIERTEL,SUSAN S. 6450 SW STATE HWY 24 CEDAR KEY FL 32625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TINDALL, RICHARD P.O. BOX 3, HWY 24 CEDAR KEY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TINDAL, CINDY PO BOX 3 CEDAR KEY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ Tracie L. Slasser 5381 Southgate Blvd. Apt #8 Fairfield, Ohio 45014 (V.P.-D.)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tracie L. Slasser 5381 Southgate Blvd APT #8 Fairfield Ohio 45014 V.P.-D.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Wm G Viertel (Wm G. Viertel) 3/23/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #