2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 a[m]
Secretary of State
02-07-2000 90081 046 ***150.00

DOCUMENT # J32828

1. Entity Name
HAMMOCK BROS. ROOFING COMPANY

Principal Place of Business	Mailing Address
3600 SOUTH ORANGE AVENUE P.O. BOX 568965 ORLANDO FL 32806 US	POST OFFICE BOX 568965 P.O. BOX 568965 ORLANDO FL 32856-8965 US

600015355

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
21 Drennen Road	
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.
City & State: Orlando FL	City & State
Zip: 32806 Country: USA	Zip Country

4. FEI Number 59-2709167 Applied Not A...

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, MARK O
200 E ROBINSON STR
STE 865
ORLANDO FL 32801

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 M... Added to F...

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1[1]		
TITLE	VPS	☐ Delete	TITLE		☐ Change ☐
NAME	LOUREE, JOHN		NAME		
STREET ADDRESS	3600 S. ORANGE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE	PT	☐ Delete	TITLE		☐ Change ☐
NAME	HAMMOCK, JOEL D.		NAME		
STREET ADDRESS	3600 S. ORANGE AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 info... 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 di... 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 ... changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Joel D Hammock 1-31-00 407-859-10...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #