

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90100 011 ***150.00

0630372 AV

DOCUMENT # J57506

1. Entity Name
ROBERT L. HAMMER, INC.



Principal Place of Business
1526 SE 16TH PLACE
#A
CAPE CORAL FL 33990-3851
US

Mailing Address
1526 SE 16TH PLACE
#A
CAPE CORAL FL 33990-3851
US

2. Principal Place of Business
611 SE 11 Street
Suite, Apt. #, etc.
B

3. Mailing Address
611 SE 11 Street
Suite, Apt. #, etc.
B

City & State
Cape Coral FL
Zip
33990
Country
USA

City & State
Cape Coral FL
Zip
33990
Country
USA

4. FEI Number **59-2787520**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

DENMARK, LAWRENCE J
11809 ROYAL TEE CT
CAPE CORAL FL 33991

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	DENMARK, LAWRENCE J J	
STREET ADDRESS	11809 ROYAL TEE CT	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	PST	<input type="checkbox"/> Delete
NAME	DENMARK, KELLY H	
STREET ADDRESS	11809 ROYAL TEE CT	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, HOWARD JAY	
STREET ADDRESS	3914 SW 25TH COURT	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

3-31-03

239-573-0730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)