2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003790

1. Entity Name

Hemaway Products, L.C.

Principal Place of Business	Mailing Address
800 S. Harbor City Blvd. Melbourne, FL 32901	800 Harbor City Blvd. Melbourne, FL 32901

FILED
01 NOV -9 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT 2001

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3730107 — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
James H. Fallace, Esq. 1900 S. Hickory Street, Ste. A Melbourne, FL 32901	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 ____________________ 10/17/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]
Make check payable to Department of State

300004635433--7
-11/27/01--01067--022
****155.00 ****155.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Richard R. Rathmann 800 Harbor City Blvd. Melbourne, FL 32901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ____________________ 5-3-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #