2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P0000003431

Entity Name: HAMMER VENTURES, INC.

FILED Apr 13, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 40 SUNCREST DRIVE 616 FAIRMONT AVENUE SAFETY HARBOR, FL 346952040 APT B SAFETY HARBOR, FL 346954366 **Current Mailing Address: New Mailing Address:** PO BOX 15505 CLEARWATER, FL 337665505 FEI Number: 59-3620274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAMMER, LUCILLE E HAMMER, LUCILLE E 40 SUNCREST DRIVE 616 FAIRMONT AVENUE SAFETY HARBOR, FL 346952040 APT B SAFETY HARBOR, FL 346954366 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: 04/13/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HAMMER, AMY E HAMMER, MICHAEL L Name: Name: 40 SUNCREST DRIVE 40 SUNCREST DRIVE Address: Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695 Title: () Delete Title: VΡ () Change (X) Addition Name: Name: LIKAVEC, TRACY E 1100 WELLINGTON DRIVE Address: Address: CLEARWATER, FL 33764 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition HAMMER, JEFFREY J Name: Name: 155 SUNCREST DRIVE Address Address: City-St-Zip: City-St-Zip: SAFETY HARBOR, FL 34695 Title: () Delete Title: **PRES** () Change (X) Addition HAMMER, LUCILLE E Name: Name: Address: Address: 616 FAIRMONT AVENUE, APT B City-St-Zip: City-St-Zip: SAFETY HARBOR, FL 346954366

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCILLE E. HAMMER PRES 04/13/2002