FILED Jun 02, 2002 8:00 am Secretary of State 05-01-2002 91610 031 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

D. R. Hammand Enterprises Jacobs See L. DO. NOT WRITE IN THIS SPACE The company of the design of t	DOCUMENT # POOCE	2000 4922	\1				
PRINCIPLE OF Blueness Suits Apr. 100 Suits A	D.R. Hammand Enterprises, Inc						
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An Application of State Andrews of County And Application of State Andrews of County And Application of State Andrews of County Registered Agent State Andrews o	357 52 65	357 52 654. 357 52 684.			DO NOT WRITE IN THIS SPACE		
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SIGNATURE STEP ADDRESS STEP Address P.O. Box Number of the Acceptable Characteristics of Food and the State of Florida. SIGNATURE SIGNATURE SIGNATURE STEP ADDRESS	Fee Required 7. Name and Address of Current Registered Agent Name						
8. The above named circly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Mattern Turbet's print the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Mattern Turbet's print the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Mattern Turbet's print the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Mattern Turbet's purpose of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Mattern Turbet's purpose of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Mattern Turbet's purpose of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Mattern Turbet's purpose of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Mattern Turbet's purpose of the purpose	Street Address (P.O. Box Number is Not Acceptable)						
9. This corporation is elliptic to stellay its intengible Tax filling requirement and elects to do so. (See unterfa on book) 11. Intendige the company of	8. The above named entity submits this statement for th	to purpose of changing its registe	1102	d agent, or both, in the State of Fid	FL Z	ip code \$3004	
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THE SPACE STREET ADDRESS CITY-ST-7P INTELLATION OF STATE STREET ADDRESS CITY-ST-7P 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation of the receiver or trustee amplication and that my signature shall have the same legal effect as if made under onth: that I am an officer or director attachment with an address, with all other like empowered. SIGNATURE: Decrepancy of the component of the compowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an SIGNATURE:	NAME STREET ADDRESS	ETITLE FACING SHAMA					
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