

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-01-2002 91610 031 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 00000000 4925
1. Entity Name
D.R. Hammond Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
357 SE 6 St.
Suite, Apt. #, etc.
City & State
Dania FL
Zip
33004 Country
US

3. Mailing Address
357 SE 6 St.
Suite, Apt. #, etc.
City & State
Dania FL
Zip
33004 Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number
650974685
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Hammond Douglas
Street Address (P.O. Box Number is Not Acceptable)
357 SE 6th St
City
Dania FL Zip Code
33004

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT IF Registered Agent signature required when renewing)

(3A11)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Administrator
Hammond, Douglas
357 SE 6th St
Dania, FL 33004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas Hammond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02 954-981-8847
Date
Telephone Number

CR2E034B (12/01)