

05-23-2002 90070 018 \*\*\*150.00

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

DOCUMENT # *P00000077214*  
 1. Entity Name  
*RITA HAMMONDS, CPA, P.A.* ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>1755 West Broadway</i>		3. Mailing Address <i>P.O. Box 623035</i>	
Suite, Apt. #, etc. <i>Suite 5</i>		Suite, Apt. #, etc.	
City & State <i>Oviedo, FL</i>		City & State <i>Oviedo, FL</i>	
Zip <i>32765</i>	Country <i>US</i>	Zip <i>32765</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>59-3664553</i>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>F&amp;L Corp</i>
Street Address (P.O. Box Number is Not Acceptable) <i>The Greenleaf Building</i>
<i>200 Laura Street, Third Floor</i>
City <i>Jacksonville</i> FL Zip Code <i>32201-0740</i>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>January 1 - May 1: Fee is \$150.00</b> <b>After May 1: Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Owner RITA G. Hammonds 2075 Geneva Dr Oviedo, FL 32765</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *Rita Hammonds* RITA HAMMONDS 4/29/02 4073595301  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)