

# 2002 UNIFORM BUSINESS REPORT (UBR)

0345305 AV

DOCUMENT # P00000084002

1. Entity Name  
GARDNER FOUNDRY & DESIGN, INC.

Principal Place of Business  
11500 NW 24 ST  
PLANTATION FL 33323

Mailing Address  
P.O. BOX 450219  
SUNRISE FL 33323-0219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1038449

Applied For  
Not Applicable

5. Certificate of Status Desired

88.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
SPIEGEL & UTRERA, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
1840 Southwest 22 Street  
4th Floor  
City  
Miami FL Zip Code  
33145

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 By: *Natalia Utrera*  
Natalia Utrera, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/02

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	PTD GARDNER, DAVID P.O. BOX 450219 SUNRISE FL 33323-0219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARDNER, KANYA P.O. BOX 450219 SUNRISE FL 33323-0219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200005064232--9 03/07/02 01049 027 ****158.75 ****158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

*Natalia Utrera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2002 (954) 452-9480  
Date Daytime Phone #

FILED  
02 FEB 20 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

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

DOCUMENT # P000000081597

1. Entity Name

Hammer Concrete, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

938 Flotilla Club Dr.

Suite, Apt. #, etc.

3. Mailing Address

938 Flotilla Club Dr.

Suite, Apt. #, etc.

City & State

Indian Harbour Bch., Fl.

City & State

Indian Harbour Bch., Fl.

Zip

32937

Country

United States

Zip

32937

Country

United States

4. FEI Number

59-3667409

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Kalli Laraine Hamer

Street Address (P.O. Box Number is Not Acceptable)

938 Flotilla Club Dr.

City

Indian Harbour Beach FL

Zip Code

32937

**DO NOT WRITE  
IN THIS SPACE**

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 Kalli L. Hamer

Kalli L. Hamer

2-19-02

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

(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) ☐

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 P  
NAME Kalli Hamer  
STREET ADDRESS 938 Flotilla Club Dr.  
CITY-ST-ZIP Indian Harbour Bch., Fl. 32937

TITLE V  
NAME William Michael Litchfield  
STREET ADDRESS 938 Flotilla Club Dr.  
CITY-ST-ZIP Indian Harbour Bch., Fl. 32937

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

300005064183--3  
-03/07/02--01049--012  
\*\*\*\*388.75 \*\*\*\*388.75

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Kalli L. Hamer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-19-02 (321) 773-9597

Daytime Phone #

**FILED**

02 FEB 20 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0102 UBR  
DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31886

1. Entity Name

PARKWAY PLACE PARTNERS, LTD.

FILED

02 FEB 20 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WJH



Principal Place of Business

241 JOHN KNOX ROAD  
SUITE 200  
TALLAHASSEE FL 32303

Mailing Address

241 JOHN KNOX ROAD  
SUITE 200  
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-2509809

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENDELSON, ROBERT D.  
851 EAST PARK AVENUE  
TALLAHASSEE FL 32302

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

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

DATE

9. Capital Contributions  
as Shown on record.

\$33,183.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MENDELSON, HAROLD D.  
1118 SEMINOLE DRIVE  
TALLAHASSEE FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MENDLSON, ROBERT D.  
2749 MILL STONE PLANTATION RD  
TALLAHASSEE FL 32312

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MENDELSON, SIDNEY W.  
815 MIDDLEWOOD DRIVE  
TALLAHASSEE FL

STREET ADDRESS

CITY-ST-ZIP

100005064821--0  
-03/02/02--01062--013  
\*\*\*\*321.03 \*\*\*\*321.03

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SMITH, LANE P.  
526 NORTH RIDE  
TALLAHASSEE FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7-5-02 850 386 4955

0006632 AT

CR2E003 (9/01)