

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90027 035 \*\*\*150.00

**DOCUMENT # P00000103429**

1. Entity Name

**CARL'S ELECTROBAKE GROUP, INC.**

Principal Place of Business

6725 HAINES RD N  
 ST PETERSBURG FL 33702

Mailing Address

6725 HAINES RD N  
 ST PETERSBURG FL 33702

2. Principal Place of Business

6725 Haines Rd N  
 Suite, Apt. #, etc.

3. Mailing Address

6725 Haines Rd N  
 Suite, Apt. #, etc.

City & State

St. Petersburg, FL  
 Zip 33702  
 Country USA

City & State

St. Petersburg, FL  
 Zip 33702  
 Country USA

4. FEI Number

59-3679485

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HAMMERLY, CARL**  
 6725 HAINES RD N  
 ST PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name: Hammerly, Carl  
 Street Address (P.O. Box Number is Not Acceptable): 6725 Haines Rd N  
 City: St. Petersburg Zip Code: 33702

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.

(NOTE: Registered Agent signature required when re-registering)

4/24/01  
 DATE

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	HAMMERLY, CARL	
STREET ADDRESS	8637 79TH PLACE N	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACKROYD, LAUREL	
STREET ADDRESS	8637 79TH PLACE N	
CITY-ST-ZIP	LARGO FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl Hammerly

4/24/01  
 Date

(727) 527-6238  
 Daytime Phone #

CR2E034 (10/00)