

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108028

1. Entity Name

P.K. HAMMER, INC.

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90607 047 ***150.00

Principal Place of Business

Mailing Address

609 COURT STREET
CLEARWATER FL 33756

609 COURT STREET
CLEARWATER FL 33756

2. Principal Place of Business

3. Mailing Address

290 Windward Passage

290 Windward Pass

Suite, Apt. #, etc.

Suite, Apt. #, etc.

(Hymies Bagels)

(Hymies Bagels)

City & State

City & State

Clearwater Fl.

Clearwater Fl

Zip

Country

Zip

Country

33767

Pinellas

33767

Pinellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRUG, STEWART L
609 COURT STREET
CLEARWATER FL 33756

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.

(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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres, Sec Director	<input type="checkbox"/> Delete
NAME	Peter Hammer	
STREET ADDRESS	290 Windward Passage	
CITY-ST-ZIP	Clearwater Fla 33767	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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

Peter Hammer

Date

3/8/01

Daytime Phone #

5806422

CR2E034 (10/00)