

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116446

1. Entity Name

HAMACRES LAWN & POWER EQUIPMENT, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90025 016 ***150.00

Principal Place of Business

230 NE 16TH AVE.
GAINESVILLE FL 32601

Mailing Address

230 NE 16TH AVE.
GAINESVILLE FL 32601

2. Principal Place of Business

3630 N. MAIN ST.

Suite, Apt. #, etc.

3. Mailing Address

3630 N. MAIN ST.

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

32609

Country

USA

Zip

32609

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAM, MICHAEL A
230 NE 16TH AVE.
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name HAM, MICHAEL A.

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

3630 N. MAIN ST.

City GAINESVILLE, FL

FL

Zip Code

32609

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

TITLE D ☐ Delete
NAME HAM, MICHAEL A
STREET ADDRESS 230 NE 16TH AVE.
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME HAM, MICHAEL A
STREET ADDRESS 3630 N. MAIN ST.
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-01 352-378-2374

CR2E034 (10/00)