FILED
May 29, 2002 8:00 am
Secretary of State
05-01-2002 91610 033 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061370

1. Entity Name
Hammond Screens Enterprises, Inc

[redacted]

87488

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number
1930 Tigertail Blvd #13	1930 Tigertail Blvd #13	65-1123743 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. #13	Suite, Apt. #, etc. #13	DO NOT WRITE IN THIS SPACE
City & State Dania Fl.	City & State Dania, Fl.	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 33004 Country	Zip 33004 Country	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Hammond, Peggy
Street Address (P.O. Box Number is Not Acceptable): 1930 Tigertail Blvd #13
City: Dania FL Zip Code: 33004

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

If January 1 - May 1 Fee is $150.00
If After May 1 Fee is $550.00
If 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	President
NAME	Hammond, Peggy
STREET ADDRESS	1930 Tigertail Blvd #13
CITY-ST-ZIP	Dania Fl. 33004
TITLE	Secretary
NAME	Hammond Dale
STREET ADDRESS	1930 Tigertail Blvd #13
CITY-ST-ZIP	Dania Fl. 33004
TITLE	Vice President
NAME	Hammond Will
STREET ADDRESS	1930 Tigertail Blvd #13
CITY-ST-ZIP	Dania, Fl. 33004
TITLE	Treasurer
NAME	Hammond Carlie
STREET ADDRESS	1930 Tigertail Blvd #13
CITY-ST-ZIP	Dania, Fl. 33004
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

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: Peggy Hammond President 4-10-02 954-930-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #