2002 ùniform business report (UBR)

FILED Mar 26, 2002 8:00 am DOCUMENT # PO1000064075 Secretary of State HAMMOCK, INC. MOSS 03-26-2002 90091 025 ***150.00 Principal Place of Business Mailing Address 4665 U.S. 275, SEBRING, FLA. 33870 B0051477 2. Principal Place of Business 3. Mailing Address SER ABOUR Sth MOUR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1121737 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAYMOND DOUGLAS A. MELEAD # TUBBS Street Address (P.O. Box Number is Not Acceptable) 300 N. CIRCLE 4665 4.S. 27 S. SEBRING, P.A. 33870 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 RAYNOVD A. TUBBS Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. P, D W. JEFFREY PARKER 2701 S.R. 66 SEBRING, PA 33875-6265 P, D **⊠**Delete TITLE TITLE DOUGLAS A. MELRAN 300 N. CIRCLE SEBRING, FLA. 33870 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VP, D ☐ Delete TITLE ROBERT A BRACKETT NAME STREET ADDRESS STREET ADDRESS VERO, FIRMS, D. FI. B.B.S. CAR. 6A. 32960 CITY-ST-ZIP CITY-ST-ZIP **Addition** TITLE ☐ Delete TITLE NAME NAME 4665 U.S. 275, SEBRING, FLA- 33870 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Change X Addition Delete TITLE DANIEL S. BRACKETT 2066 14TH AVE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VKRO, FLA. 32960 ☐ Change Addition TITLE ☐ Delete TITLE MICHAEL L. TUBBS NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING, FLA. 33870 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Delete

☐ Change

☐ Addition