2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000067602

Entity Name: HAMMETT INVESTMENTS, INC.

Apr 21, 2003 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|-----------------------------------|
| Current Principal Place of Business: | New Fillicipal Flace of Business: |

5960 BROKEN BOW LN 648 HOLBROOK AVE DELTONA, FL 32738 US PORT ORANGE, FL 32127

Current Mailing Address: New Mailing Address:

5960 BROKEN BOW LN 648 HOLBROOK AVE PORT ORANGE, FL 32127 DELTONA, FL 32738 US

FEI Number: 37-1432425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAMMETT, DANIEL J HAMMETT, DANIEL J 5960 BROKEN BOW LN 5960 BROKEN BOW LN PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 US

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: DANIEL J HAMMETT 04/21/2003

> Electronic Signature of Registered Agent Date

> > Title:

Name:

Address:

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete HAMMETT, DANIEL J Name:

5960 BROKEN BOW LN Address: City-St-Zip: PORT ORANGE, FL 32127

Title: DVS () Delete WOOD, RICHARD G Name: 2608 TRAVIDA DR Address: DELTONA, FL 32738

City-St-Zip:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

WOOD, RICHARD G Name: Address: 648 HOLBROOK AVE DELTONA, FL 32738 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD G WOOD DVS 04/21/2003