

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000015301

1. Entity Name
HMM, INC.

Principal Place of Business
400 ST. ANDREWS BLVD.
MELBOURNE FL 32940

Mailing Address
400 ST. ANDREWS BLVD.
MELBOURNE FL 32940-7501

2. Principal Place of Business
1060 Royal Fern Drive
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 410999
Suite, Apt. #, etc.

City & State
Melbourne, FL
Zip
32940
Country
US

City & State
Melbourne, FL
Zip
32941
Country
US

4. FEI Number 59-3156295

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FALLACE, JAMES H
1900 S HICKORY ST.
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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, 2000 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	C	<input type="checkbox"/> Delete
NAME	IGO, MILES	
STREET ADDRESS	400 ST. ANDREWS BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	P	<input type="checkbox"/> Delete
NAME	HALEY, JOHN D	
STREET ADDRESS	400 ST. ANDREWS BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALEY, MYRA K	
STREET ADDRESS	400 ST. ANDREWS BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	S	<input type="checkbox"/> Delete
NAME	HALEY, MYRA K	
STREET ADDRESS	400 ST. ANDREWS BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	XX Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P.O. Box 410999
CITY-ST-ZIP	Melbourne, FL 32941
TITLE	XX Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P.O. Box 410999
CITY-ST-ZIP	Melbourne, FL 32941
TITLE	XX Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P.O. Box 410999
CITY-ST-ZIP	Melbourne, FL 32941
TITLE	XX Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P.O. Box 410999
CITY-ST-ZIP	Melbourne, FL 32941
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-Jan-00

321 242-6210

Date Daytime Phone #

CR2E034 (9/99)

FILED
Jan 20, 2000 8:00 am
Secretary of State
01-20-2000 90111 023 ***150.00



DO NOT WRITE IN THIS SPACE