

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90088 047 ***150.00

0121338 AV

DOCUMENT # P92000015301

1. Entity Name

HMM, INC.

Principal Place of Business

**7640 N. WICKHAM ROAD
SUITE 115
MELBOURNE FL 32940**

Mailing Address

**P.O. BOX 410999
MELBOURNE FL 32941**

2. Principal Place of Business

**7640 N. Wickham Road
Suite, Apt. #, etc.
Suite 101B**

3. Mailing Address

**Post Office Box 410999
Suite, Apt. #, etc.**City & State
Melbourne, FLCity & State
Melbourne, FL4. FEI Number
59-3156295Applied For
Not ApplicableZip
32940Country
USAZip
32941Country
USA5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FALLACE, JAMES H
1900 SOUTH HICKORY STREET
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, 2002 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	P O BOX 410999	
CITY-ST-ZIP	MELBOURNE FL 32941	
TITLE	P	<input type="checkbox"/> Delete
NAME	HALEY, JOHN D	
STREET ADDRESS	P O BOX 41999	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALEY, MYRA K	
STREET ADDRESS	P O BOX 41999	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	S	<input type="checkbox"/> Delete
NAME	HALEY, MYRA K	
STREET ADDRESS	P O BOX 41999	
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	<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	
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	
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**John D. Haley****January 21, 2002**

Date

Daytime Phone #

CR2E034 (9/01)