AMENDED

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC 26 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000015301

1. Entity Name

HMM, INC.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7640 N. Wickham Rd. | P. O. Box 410999 |
| Suite, Apt. #, etc.: 101B | Suite, Apt. #, etc.: |
| City & State: Melbourne, FL | City & State: Melbourne, FL |
| Zip: 32940 Country: USA | Zip: 32941 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Pohl & Short, P.A.

Street Address (P.O. Box Number is Not Acceptable): 280 W. Canton Ave.,Ste.410

City: Winter Park FL Zip Code: 32789

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE By: Pohl & Short, P.A.
Frank L. Pohl, President
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | P/D | 600025T76456 12/26/03--01075--006 **61.25 |
| NAME | Haley, Myra K. | |
| STREET ADDRESS | P.O. Box 410999 | |
| CITY-ST-ZIP | Melbourne, FL 32940 | |
| TITLE | T/D | |
| NAME | Igo, Miles | |
| STREET ADDRESS | P.O. Box 410999 | |
| CITY-ST-ZIP | Melbourne, FL 32941 | |
| TITLE | S | |
| NAME | Shepard, Kellie | |
| STREET ADDRESS | P.O. Box 410999 | DO NOT WRITE |
| CITY-ST-ZIP | Melbourne, FL 32940 | |
| TITLE | | IN THIS SPACE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Myra K Haley President 12/17/03 (321)242-6210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #