

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90187 034 ***150.00

DOCUMENT # P93000004539

1. Entity Name
HAMBY MANAGEMENT CORPORATION

Principal Place of Business

13301 N. BOULEVARD
TAMPA FL 33612

Mailing Address

13301 N. BOULEVARD
TAMPA FL 33612

2. Principal Place of Business

11507 MOFFAT PLACE

Suite, Apt. #, etc.

3. Mailing Address

11507 MOFFAT PLACE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TEMPLE TERRACE FL

City & State

TEMPLE TERRACE FL

4. FEI Number

59-3165254

Applied For

☐ Not Applicable

Zip

33617

Country

HILLSBOROUGH

Zip

33617

Country

HILLSBOROUGH

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRINCE, SANDRA H
13301 N. BOULEVARD
TAMPA FL 33612

Name

Street Address (P.O. Box Number is Not Acceptable)

11507 MOFFAT PLACE

City

TEMPLE TERRACE

FL

Zip Code

33617

7. Name and Address of New Registered Agent

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	PVST	<input type="checkbox"/> Delete
NAME	PRINCE, SANDRA H	
STREET ADDRESS	13301 N. BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRINCE, SANDRA H	
STREET ADDRESS	13301 N. BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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	11507 MOFFAT PLACE	
STREET ADDRESS	TEMPLE TERRACE FL	
CITY-ST-ZIP	33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11507 MOFFAT PLACE	
STREET ADDRESS	TEMPLE TERRACE FL	
CITY-ST-ZIP	33617	
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:

Sandra H. Prince, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

813 988 9113

Daytime Phone #

CR2E034 (9/01)