

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90156 048 \*\*\*155.00

U495636 AV

**DOCUMENT # P94000014400**



1. Entity Name  
**HUMMER LAW OFFICES, P.A.**

|  |   |
|--|---|
| Principal Place of Business<br><b>12600 SEMINOLE BLVD<br/>SUITE A-3<br/>LARGO FL 33778-2201<br/>US</b> | Mailing Address<br><b>12600 SEMINOLE BLVD<br/>SUITE A-3<br/>LARGO FL 33778<br/>US</b> |
|--|---|



|  |  |
|--|--|
| 2. Principal Place of Business<br><b>10333 Seminole Blvd<br/>Suite, Apt. #, etc.<br/>Suite 14<br/>City &amp; State<br/>Largo, FL</b> | 3. Mailing Address<br><b>10333 Seminole Blvd<br/>Suite, Apt. #, etc.<br/>Suite 14<br/>City &amp; State<br/>Largo, FL 33778</b> |
|--|--|

CHECK HERE IF MAKING CHANGES

|                     |                           |                     |                      |
|---------------------|---------------------------|---------------------|----------------------|
| Zip<br><b>33778</b> | Country<br><b>USA, US</b> | Zip<br><b>33778</b> | Country<br><b>US</b> |
|---------------------|---------------------------|---------------------|----------------------|

4. FEI Number **59-3229833** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HUMMER, JR ROBERT P  
12600 SEMINOLE BLVD  
STE A3  
LARGO FL 33778**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**10333 Seminole Blvd Suite 14**  
City **Largo** **FL** Zip Code **33778**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|   |                                 |
|---|---------------------------------|
| TITLE<br><b>P</b>                                       | <input type="checkbox"/> Delete |
| NAME<br><b>HUMMER, JR ROBERT P</b>                      |                                 |
| STREET ADDRESS<br><b>12600 SEMINOLE BLVD. SUITE A-3</b> |                                 |
| CITY-ST-ZIP<br><b>LARGO FL</b>                          |                                 |
| TITLE<br><b>VP</b>                                      | <input type="checkbox"/> Delete |
| NAME<br><b>HUMMER, KAREN A</b>                          |                                 |
| STREET ADDRESS<br><b>12600 SEMINOLE BLVD A-3</b>        |                                 |
| CITY-ST-ZIP<br><b>LARGO FL 33778</b>                    |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| 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   |                                 |

|   |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS<br><b>10333 Seminole Blvd Suite 14</b> |   |
| CITY-ST-ZIP<br><b>Largo, FL 33778</b>                 |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS<br><b>10333 Seminole Blvd Suite 14</b> |   |
| CITY-ST-ZIP<br><b>Largo FL 33778</b>                  |   |
| 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   |   |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert P. Hummer* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1-13-03 727 397 9198**  
Date Daytime Phone #

CR2E034 (10/02)