

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90140 027 \*\*\*158.75

**DOCUMENT # P94000025058**

1. Entity Name  
**SOLUTIONS-HAMMOCK, INC.**



Principal Place of Business  
**1108 KANE CONCOURSE  
SUITE 307  
BAY HARBOR ISLANDS FL 33154  
US**

Mailing Address  
**1108 KANE CONCOURSE  
SUITE 307  
BAY HARBOR ISLANDS FL 33154  
US**

11001014



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0545489**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**HAUMAN, BARRY G  
1108 KANE CONCOURSE  
STE 307  
BAR HARBOR ISLANDS FL 33154**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ Delete  
NAME **D BARASCH, STUART**  
STREET ADDRESS **353 W 47 STREET**  
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D MCNABB, ROBERT F**  
STREET ADDRESS **34 PATTON DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9500 SW 184 ST.**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete  
NAME **D JONES, LUVERNE**  
STREET ADDRESS **1 SE 3RD AVE 20TH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D GORDON, ALAN**  
STREET ADDRESS **1997 SPOONBILL STREET**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32224**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D MAYES, CARL**  
STREET ADDRESS **6602 NW 3RD STREET**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

305-865-4555

Date

Daytime Phone #

CP2Er34 (10/02)