FILED

Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90140 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P95000025052 DOCUMENT

1. Entity Name

HAMMER MANAGEMENT SYSTEMS INC.

Principal Place of Business 2649 FLORIDA BLVD			Mailing Address PO BOX 361						
111	5210		UNION IO 50258				•	₹.,	
DELRAY BCH FL 33483			US			103 H 221 12 12 12 12 13 14 15 17 16 17 18 17 18 17 18 18 18			
US	7 1 2 30 700	O.	J						
2. Principal Place of Business 3. I			Mailing Address			. (00);00) 10 10 0 0 1 0 0 1 0 0	i adila iladi dilik dalai	i Billist fibi ibbi	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 65-0565884	L	pplied For lot Applicable	<u></u>
Zip	Zip Country		Pip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			1
	6. Name	and Address of Current Regist	nt Registered Agent			7. Name and Address of New Registered Agent			
				N	ame				1
Hammer, Floyd v						(00.00)			
2649 FLORIDA BLVD			Street Address (reet Address (P.C	O. Box Number is Not Acceptable)			ŀ
APT 111	•						****		1
DELRAY F	BCH FL 334	83							1
				Ci	ty	•	FL Zip Cod	et	
8. The above the obligat	named entity	submits this statement for the period agent.	urpose of changing its re	egistered of	fice or registered	agent, or both, in the State of Florida.	I am familiar with,	and accept	1
SIGNATURE .	Signature, typed	or printed name of registered agent and title if	applicable. (NOTE: F	Registered Ager	nt signature required wh	en rainstating)	DATE		ļ
			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Togratoro reganço vir	on remeding)			╛
FILE NOW!!! FEE IS \$150.00					9. Election Campaign Financing \$5		ng \$5.0)0 May Be	ļ
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Trust Fund Contribution.		d to Fees	
	t i dyabic to							,	J
10.	OFFICERS AND DIRECTORS			11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	ہ ا
TITLE NAME	HAMMER,	ELOVD V	☐ Delete	TITLE			☐ Change	Addition	0/
STREET ADDRESS	2649 FLOF			NAME OTREET ARE					(10/
CITY-ST-ZIP		EACH FL 33483		STREET ADD CITY-ST-ZI					750
TITLE	PST		☐ Delete	TITLE		1	Change	Addition	1 2
NAME	HAMMER,			NAME			□ Similite	AUUIIIUII	Ç
STREET ADDRESS	2649 FLOF			STREET ADD	PRESS				
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TITLE			☐ Delete	TITLE				☐ Addition	1

CITY-ST-ZIP 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.

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