2000 UNIFORM BUSINESS REPORT (UBR) (UBR)

DGCUMENT # P9600000504 FILED HAMMOCK WELDING & FABRICATION, INC. 00 MAR -6 PM 2: 53 SECRETARY OF STATE TABLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3602 BOOTBAY RD. 3602 BOOTBAY RD. PLANT CITY FL 33565 PLANT CITY FL 33565 2." Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3359790 Not Applicable Ζiρ \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Name HAMMOCK, WILLIAM. Street Address (P.O. Box Number is Not Acceptable) 3602 BOOTBAY RD. PLANT CITY FL 33565 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. ▢ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE Channe ☐ Delete TITLE HAMMOCK, WILLIAM NAME NAME STREET ADDRESS 3602 BOOTBAY RD. STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33565 CITY-ST-ZIP DDDDD3169Addition TITLE ☐ Delete TITLE -03/14/00--01109--023 HAMMOCK, BARBARA NAME NAME STREET ADDRESS 3602 BOOTBAY RD. STREET ADDRESS ****150.00 CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33565 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP NTLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-712 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT) F TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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: