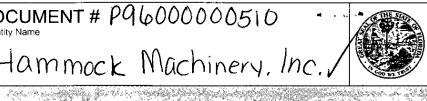
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9600000510

Hammock Machinery, Inc.,



FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90096 030 ***300.00

UUUUUUT A

DO NOT WRITE IN THIS SPACE									
2. Principal F 3602 Suite, Apt.	\supset Boo	ess Hoay Road	3. Mailing Address 3602 B Suite, Apt. #, etc.	3602 Bootbay Road			DO NOT WRITE IN THIS SPACE		
Plant City, FL			Plan+ Ci+	Plan+ City,+C			4. FEI Number Applied For Not Applicable		
² 335	33565 Country		33565	Zip 233565 Country		5. Certificate of Status Desired			
DO NOT WRITE IN THIS SPACE					Name Hammock, William Street Address (Po. Box Number is Not Agceptable) 3100000000000000000000000000000000000				
8. The above	e named entity	submits this statement	t for the purpose of changing it	s registered	City P (1)	The City red agent, or both, in the	FL e State of Florida. I am fa	Zip Code 33565 miliar with, and accept	
the obligat	tions of registe	ered agent.		-	_				
• •	nuary 1 - Ma After May 1 Amended	or printed name of registered ago by 1 Fee Is \$150.00 , Fee Is \$550.00 UBR Is \$61.25 Florida Department		TE: Registered A	Agent signature require	9. Election C	ampaign Financing Contribution.	\$5.00 May Be Added to Fees	
10.		OFFICERS AN	ID DIRECTORS	\$ 123 Y	#1. 11 H 1 1 1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hamn 3602 Dian	nock, Willi Boutbay + City: FL	am Road 33565	TITLE NAME STREET CITY S	ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hamn 3602	nock, Bar Bootbay R		TITLE NAME STREET CITY-S	ADDRESS T-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					ADDRESS T-ZIP	DO.I	NOT WRI	IE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NAME	ADDRESS T-ZIP	INT	HIS SPAC	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NAME	ADDRESS T-ZIP		The Manual of The Control of the Con		
TITLE NAME STREET ADDRESS CIFY-ST-ZIP		<u></u>		NAME STREET CITY-S	ADDRESS	- A spring of			

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 on an attachment with an address, with all other like empowered.

SIGNATURE: