

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

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

03-20-2003 90096 030 ***300.00

DOCUMENT # P96000000510

1. Entity Name

Hammock Machinery, Inc. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3602 Bootbay Road

Suite, Apt. #, etc.

3. Mailing Address

3602 Bootbay Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Plant City, FL

City & State
Plant City, FL

4. FEI Number

59-3359789

Applied For
Not Applicable

Zip
33565

Country

Zip
33565

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Hammock, William

Street Address (P.O. Box Number is Not Acceptable)

3602 Bootbay Road

City Plant City

FL

Zip Code
33565

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE D
NAME Hammock, William
STREET ADDRESS 3602 Bootbay Road
CITY-ST-ZIP Plant City, FL 33565

TITLE D
NAME Hammock, Barbara
STREET ADDRESS 3602 Bootbay Road
CITY-ST-ZIP Plant City, FL 33565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

With Ham William Hammock owner 3/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)