

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90172 010 \*\*\*150.00

**DOCUMENT # P96000055801**

1. Entity Name

**LAURIE J. HAMMERS, P.A.**

Principal Place of Business

Mailing Address

7116 COULF BLVD.  
 STE E  
 ST. PETERSBURG BEACH FL 33706

7116 COULF BLVD.  
 STE E  
 ST. PETERSBURG BEACH FL 33706

2. Principal Place of Business

7116 Gulf Blvd

3. Mailing Address

7116 Gulf Blvd

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

Same

City & State

Same

City & State

Same

Zip

Same

Country

Same

Zip

Same

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3387160

Applied For

Not Applicable

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

HAMMERS, LAURIE J  
 13560-49TH ST.N.  
 SUITE 1-A  
 CLEARWATER FL 34622

Name

Same

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

7116 Coulf Blvd

Suite E

City

St Petersburg

FL

Zip Code

33706

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **HAMMERS, LAURIE J**  
 CITY-ST-ZIP **214 CORDOVA BLVD. NE**  
**ST. PETERSBURG FL 33704**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

13. 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 11 or Block 12 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

4-28-00

Date

727-573-2787  
 727-345-0330

Daytime Phone #

014 1/1/99