

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90399 026 \*\*\*158.75

**DOCUMENT # P98000046033**

1. Entity Name

**HAMMOND BOWMAN CORP.**

Principal Place of Business

4917 EHRlich ROAD  
 STE 204  
 TAMPA FL 33624

Mailing Address

4917 EHRlich ROAD  
 STE 204  
 TAMPA FL 33624

2. Principal Place of Business

4917 Ehrlich Road

Suite, Apt. #, etc.

101

3. Mailing Address

4917 Ehrlich Road

Suite, Apt. #, etc.

101

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33624

Country

Hillsborough

Zip

33624

Country

Hillsborough

6. Name and Address of Current Registered Agent

HAMMOND, DANIEL G  
 4917 EHRlich ROAD  
 STE 204  
 TAMPA FL 33624

7. Name and Address of New Registered Agent

Name Daniel G. Hammond  
 Street Address (P.O. Box Number is Not Acceptable)  
 4917 Ehrlich Rd  
 Suite 101  
 City Tampa, FL Zip Code 33624

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]*  
 Daniel G. Hammond, President

DATE

5/1/01

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS HAMMOND, DANIEL G 4917 EHRlich RD #204 TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS Hammond, Daniel G. 4917 Ehrlich Rd #101 Tampa, FL 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
 Daniel G. Hammond, President

Date

Daytime Phone #

5/1/01 813-269-7788

CR2E034 (10/00)