

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90114 015 ***158.75

DOCUMENT # P98000084232

1. Entity Name
HAMMOND MANAGEMENT, INC.



Principal Place of Business
842 DIPLOMAT DR
109
DEBARY FL 32713

Mailing Address
525 SNAPPER COVE DR
DEBARY FL 32713

2. Principal Place of Business

3. Mailing Address

1990 Massachusetts Av.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orange City, FL

Zip

Country

Zip

Country

32763

4. FEI Number **59-2180909**

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

HAMMOND, LESLIE

Leslie Hammond
1990 Massachusetts Ave
Orange City, FL 32763-6328

~~**525 SNAPPER COVE DRIVE**~~

~~**DEBARY FL 32713**~~

Name

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

City

FL

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **HAMMOND, LESLIE**
STREET ADDRESS **525 SNAPPER COVE DR**
CITY-ST-ZIP **DEBARY FL 32713**
Leslie Hammond
1990 Massachusetts Ave
Orange City, FL 32763-6328

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Leslie Hammond**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/2003 386 668-7171

Date Daytime Phone #

CR2E034 (10/02)