

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089320

1. Entity Name

HAMMENT, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90296 035 ***158.75

Principal Place of Business

Mailing Address

16460 OFFENHAUR ROAD
ODESSA FL 33556

16460 OFFENHAUR ROAD
ODESSA FL 33556-2308

2. Principal Place of Business

3. Mailing Address

16460 OFFENHAUR RD

16460 OFFENHAUR RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

ODESSA FL

ODESSA FL

4. FEI Number

Applied For

59-3602143

Not Applicable

Zip

Country

Zip

Country

33556

USA

33556

USA

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

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)

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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.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HAMM, CHARLES N
STREET ADDRESS 16460 OFFENHAUR ROAD
CITY-ST-ZIP ODESSA FL 33556

☐ Delete

TITLE ST
NAME HAMM, MELBA T
STREET ADDRESS 16460 OFFENHAUR ROAD
CITY-ST-ZIP ODESSA FL 33556

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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES N. HAMM

Date

4-18-00

Daytime Phone #

813-926-0029

CR2E034 (9/99)