

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2000 08:00 AM
Secretary of State****DOCUMENT # P99000092702****1. Entity Name****HAMMONDEGGHEADS WEB DESIGN STUDIO, INC.****Principal Place of Business**

663 JAMESTOWN BLVD #2077

ALTAMONTE SPRINGS
32714

FL

Mailing Address

663 JAMESTOWN BLVD #2077

ALTAMONTE SPRINGS
32714

FL

2. Principal Place of Business

663 JAMESTOWN BLVD #2077

3. Mailing Address

518 PUERTA COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ALTAMONTE SPRINGS

FL

City & State

ALTAMONTE SPRINGS

FL

4. FEI Number**59-3604557**

Applied For

Not Applicable

Zip
32701

Country

Zip
32701

Country

5. Certificate of Status Desired☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**HAMMOND NINA L
663 JAMESTOWN BLVD #2077ALTAMONTE SPRINGS
32714

FL

US

7. Name and Address of New Registered Agent**Name**

HAMMOND NINA L

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

518 PUERTA COURT

City

ALTAMONTE SPRINGS

FL**Zip Code**
32701**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)

09/12/2000

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP PRES HAMMOND NINA L ☐ Change ☒ Addition
518 PUERTA COURT
ALTAMONTE SPRINGS FL 32701TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:** President/Nina L. Hammond

Pres. 09/12/2000