## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Sep 12, 2000 08:00 AM DOCUMENT # **P99000092702 Secretary of State** HAMMONDEGGHEADS WEB DESIGN STUDIO, INC. Principal Place of Business Mailing Address 663 JAMESTOWN BLVD #2077 663 JAMESTOWN BLVD #2077 ALTAMONTE SPRINGS ALTAMONTE SPRINGS FL FL 32714 32714 2. Principal Place of Business 3. Mailing Address 663 JAMESTOWN BLVD #2077 518 PUERTA COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ALTAMONTE SPRINGS ALTAMONTE SPRINGS FL FL 59-3604557 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X 32701 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMMOND HAMMOND NINA 663 JAMESTOWN BLVD #2077 Street Address (P.O. Box Number is Not Acceptable) 518 PUERTA COURT ALTAMONTE SPRINGS 32714 City Zip Code ALTAMONTE SPRINGS 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. 09/12/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TILE ☐ Detete ☐ Change X Addition NAME HAMMOND NINA STREET ADDRESS STREET ADDRESS 518 PUERTA COURT CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS 32701 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8 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.