

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90060 024 ***150.00

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DOCUMENT # S27964

1. Entity Name

HAMMOND KITCHEN & BATHS, INC.



Principal Place of Business
7618 SILVER SANDS DR
WEST MELBOURNE FL 32904

Mailing Address
7618 SILVER SANDS DR
WEST MELBOURNE FL 32904

2. Principal Place of Business

3. Mailing Address

6915 Vickie Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Melbourne FL

Zip

Country

32904

Country

Brevard

4. FEI Number

59-3069701

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HAMMOND, NATHAN A
7618 SILVER SANDS DR
W MELBOURNE FL 32904

7. Name and Address of New Registered Agent

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
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DPS**
STREET ADDRESS **HAMMOND, NATHAN A.**
CITY-ST-ZIP **7618 SILVER SANDS DR**
W MELBOURNE FL

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **HAMMOND, NATHAN A.**
CITY-ST-ZIP **7618 SILVER SANDS DR**
W MELBOURNE FL

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 empowerments.

SIGNATURE:

Nathan A. Hammond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03

321 953 6078

Date

Daytime Phone #

CR2E034 (10/02)