

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90177 048 \*\*\*150.00

**DOCUMENT # H47483**

1. Entity Name  
**HAMMOCK BREEZE CORP.**

Principal Place of Business <b>GULF SIDE MOTEL          552 1ST ST          CEDAR KEY FL 32625          US</b>	Mailing Address <b>RICHARD TINDALL          PO BOX 3          CEDAR KEY FL 32625-0003          US</b>
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>31-0843425</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**VIERTEL, WILLIAM G.  
 6450 SW STATE HWY 24  
 CEDAR KEY FL 32625**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 *William G Viertel (D) W G Viertel* *1/12/00* DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <b>D</b>	<input type="checkbox"/> Delete
NAME <b>VIERTEL, WILLIAM G.</b>	
STREET ADDRESS <b>6450 SW STATE HWY 24</b>	
CITY-ST-ZIP <b>CEDAR KEY FL 32625</b>	
TITLE <b>DPST</b>	<input type="checkbox"/> Delete
NAME <b>VIERTEL, SUSAN S.</b>	
STREET ADDRESS <b>6450 SW STATE HWY 24</b>	
CITY-ST-ZIP <b>CEDAR KEY FL 32625</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>TINDALL, RICHARD</b>	
STREET ADDRESS <b>P.O. BOX 3, HWY 24</b>	
CITY-ST-ZIP <b>CEDAR KEY FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>TINDAL, CINDY</b>	
STREET ADDRESS <b>PO BOX 3</b>	
CITY-ST-ZIP <b>CEDAR KEY FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *William G Viertel (D) W G Viertel* *1/12/00* DATE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)