

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90045 026 ***150.00

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DOCUMENT # H47483

1. Entity Name
HAMMOCK BREEZE CORP.

Principal Place of Business

**GULF SIDE MOTEL
 552 1ST ST
 CEDAR KEY FL 32625
 US**

Mailing Address

**RICHARD TINDALL
 PO BOX 3
 CEDAR KEY FL 32625
 US**

00028625



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**Wm G. Viertel
 6450 S.W. State Hwy 24
 Cedar Key Fl
 32625 Lev 4**

4. FEI Number **31-0843425**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VIETEL, 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: **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 _____ 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIETEL, WILLIAM G.	NAME	
STREET ADDRESS	6450 SW STATE HWY 24	STREET ADDRESS	
CITY-ST-ZIP	CEDAR KEY FL 32625	CITY-ST-ZIP	
TITLE	DPST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIETEL, SUSAN S.	NAME	
STREET ADDRESS	6450 SW STATE HWY 24	STREET ADDRESS	
CITY-ST-ZIP	CEDAR KEY FL 32625	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINDALL, RICHARD	NAME	
STREET ADDRESS	P.O. BOX 3, HWY 24	STREET ADDRESS	
CITY-ST-ZIP	CEDAR KEY FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINDAL, CINDY	NAME	
STREET ADDRESS	PO BOX 3	STREET ADDRESS	
CITY-ST-ZIP	CEDAR KEY FL	CITY-ST-ZIP	
TITLE	TRACIE L. SLASSER <input type="checkbox"/> Delete	TITLE	TRACIE L. SLASSER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5381 Southgate Blvd. (V.P.-D.)	NAME	5381 Southgate Blvd
STREET ADDRESS	Apt # 8	STREET ADDRESS	Apt # 8
CITY-ST-ZIP	Fairfield, Ohio 45014	CITY-ST-ZIP	Fairfield Ohio 45014
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Wm G Viertel (Wm G. Viertel)**

Date **3/23/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)