

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

0609746 AV

04-07-2003 90188 021 \*\*\*150.00

**DOCUMENT # P94000018598**



1. Entity Name  
**OAK HAMMOCK CONSTRUCTION, INC.**

Principal Place of Business <b>1501 S.E. DECKER AVE UNIT 129A STUART FL 34994 US</b>	Mailing Address <b>1501 S.E. DECKER AVE UNIT 129A STUART FL 34994 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-3230935** 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  
**WEBER, PATRICK C.  
1942 SW MORELIA LN 1501 DECKER AVE UNIT A-12  
PT ST LUCIE FL 34953 STUART, FL 34994**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>WEBER, PATRICK C</b>	
STREET ADDRESS <b>1942 SW MORELIA LN</b>	
CITY-ST-ZIP <b>PT ST LUCIE FL STUART, FL 34994</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>PAULICK, WALTER</b>	
STREET ADDRESS <b>2413 SE STONECROP ST 1501 DECKER AVE</b>	
CITY-ST-ZIP <b>PORT SAINT LUCIE FL 34984 UNIT A-129 STUART, FL 34994</b>	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME <b>PAULICK, MARGARET T</b>	
STREET ADDRESS <b>2413 S.E. STONECROP ST</b>	
CITY-ST-ZIP <b>PORT SAINT LUCIE FL 34984</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 empowered.

SIGNATURE: *Patrick C. Weber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/1/03 Daytime Phone # 772-260-0847

CR2E034 (10/02)