

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018501

1. Entity Name
HAMS R US, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90482 022 ***150.00

Principal Place of Business
**1819 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308**

Mailing Address
**1819 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

1887 CAPITAL CIRCLE NE

1887 CAPITAL CIRCLE NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32308

Country

Zip

32308

Country

4. FEI Number **59-3505241**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DATILLO, RALPH C
215 SOUTH MONROE STREET
SUITE 400
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FOLDS, TOM
5674 COUNTRYSIDE DR.
TALLAHASSEE FL 32311** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
FOLDS, TODD G
5730 EMMA LN.
TALLAHASSEE FL 32311** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
FOLDS, JOYCE A
5674 COUNTRYSIDE DR.
TALLAHASSEE FL 32311** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
FOLDS, JANE E
5730 EMMA LANE
TALLAHASSEE FL 32311** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Joyce A. Folds (Joyce A. Folds)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01
Date

850-656-3943
Daytime Phone #

CR2E034 (10/00)

#P98000018501

730229

Dear Sirs:

The City of Tallahassee recently notified us that our address has been changed.

Our new address is:

HAMS R US, INC.
D/B/A HEAVENLY HAM
1887 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

Please make a note of this change and address all future correspondence to our new address.

SPECIAL NOTE: Our physical location "has not" changed, only the number on the building.

Thanks,



Todd Folds
Owner