

2002 UNIFORM BUSINESS REPORT (UBR)

5/9

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-09-2002 90088 043 ***150.00

DOCUMENT # P01000074317

1. Entity Name
HAMMERHEAD GRAPHICS, INC.

Principal Place of Business
3200 N FEDERAL HWY STE 118
BOCA RATON FL 33431

Mailing Address
3200 N FEDERAL HWY STE 118
BOCA RATON FL 33431

34301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7700 Congress Ave Suite, Apt. #, etc. # 1120 City & State Boca Raton FL Zip 33487	3. Mailing Address 7700 Congress Ave Suite, Apt. #, etc. Suite 1120 City & State Boca Raton, FL Zip 33487
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4. FEI Number 65-1130510	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALLINGER, MARTIN R
COMPSON FINANCIAL CENTER
STE 302 980 N FEDERAL HWY
BOCA RATON FL 33432-2704

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, 2002 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	DP LIBERTY, CHRISTOPHER A 3200 N FEDERAL HWY STE 118 BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____