

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/12/01

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90011 041 \*\*\*150.00

**DOCUMENT # P00000098589**

1. Entity Name  
**HAMMER HEADS BY THE SEA, INC.**

Principal Place of Business      Mailing Address  
 1098 E EAU GALLIE BLVD      1098 E EAU GALLIE BLVD  
 SATELLITE BEACH FL 32937      SATELLITE BEACH FL 32937

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3338720**      Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**RIPPEL, DEBORAH S**  
**161 SE 1ST ST**  
**SATELLITE BEACH FL 32937**

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 \_\_\_\_\_  
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 <b>President / Owner</b> <input type="checkbox"/> Delete	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Deborah S Rippe</b>	NAME _____
STREET ADDRESS <b>161 SE 1st St</b>	STREET ADDRESS _____	CITY-ST-ZIP <b>Satellite Beach FL 32937</b>	CITY-ST-ZIP _____
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 _____
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 _____
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: *Deborah S Rippe*      1/8/01      321-773-2948  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (1/00)