

9/12

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Oct 02, 2002 8:00 am
Secretary of State

09-12-2002 90062 041 ***550.00

10-02-2002 90119 043 ***550.00

DOCUMENT # P01000000727

1. Entity Name

HAMMERHEAD MARINE CONSTRUCTION, INC.

Principal Place of Business

**2633 TANFORAN BLVD
PORT ST LUCIE FL 34987**

Mailing Address

**2633 TANFORAN BLVD
PORT ST LUCIE FL 34987**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-1073939**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**RESPOL, DENNIS F
2633 TANFORAN BLVD
PORT ST LUCIE FL 34987****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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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**

TITLE	PS	<input type="checkbox"/> Delete
NAME	RESPOL, DENNIS F	Pres
STREET ADDRESS	2633 TANFORAN BLVD	
CITY-ST-ZIP	PORT ST LUCIE FL 34987	
TITLE	BLOOMER, CRISFOR	<input type="checkbox"/> Delete
NAME	179 PRINCE AVE	
STREET ADDRESS	MELBOURNE FL	
CITY-ST-ZIP		
TITLE	Renee' MARTURANO	<input type="checkbox"/> Delete
NAME	2633 TANFORAN BLVD P.S.L.	
STREET ADDRESS	FL 34984	
CITY-ST-ZIP	SECRETARY	
TITLE	Jm. SUMMERS	<input type="checkbox"/> Delete
NAME	54 SUNRISE TREASURE	
STREET ADDRESS	P.S.L. FL 34984	
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		

12. 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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/1/02 349-7421

CR2E034 (4/02)