

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90114 044 ***150.00

DOCUMENT # P01000063580

1. Entity Name
HAMMERHEAD UNIVERSAL, INC.



Principal Place of Business

~~4949 N A1A, UNIT 223~~
FT PIERCE FL 34949

Mailing Address

~~4949 N A1A, UNIT 223~~
FT PIERCE FL 34949

22001157



2. Principal Place of Business

139 CommonWEALTH CT.
Suite, Apt. #, etc.

3. Mailing Address

139 CommonWEALTH CT.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

03-0417087 APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MICHELSON, GARY W

~~4949 N A1A, UNIT 223~~

FT PIERCE FL 34949

Name

Street Address (P.O. Box Number is Not Acceptable)

139 CommonWEALTH CT.

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: *Mary W. Michelson*
(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE: **1/30/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MICHELSON, GARY W**
CITY-ST-ZIP **4949 N A1A, UNIT 223**
FT PIERCE FL 34949

TITLE ☒ Change ☐ Addition
NAME **139 CommonWEALTH CT.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MILLER-MICHELSON, LINDA**
CITY-ST-ZIP **4949 N A1A, UNIT 223**
FT PIERCE FL 34949

TITLE ☒ Change ☐ Addition
NAME **139 CommonWEALTH CT.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Mary W. Michelson*
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE: **1/30/03** 222 216 6224
(Date) (Daytime Phone #)

CR2E034 (10/02)