

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90166 014 ***150.00

DOCUMENT # P94000047444

1. Entity Name

HAMMERSMITH OF NORTHWEST FLORIDA, INC.

Principal Place of Business

4281 HWY 90**PACE FL 32571**

Mailing Address

4281 HWY 90**PACE FL 32571**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3277135

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

7. Name and Address of New Registered Agent

BENNETT, JERRY P**4281 HWY 90****PACE FL 32571**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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	D	<input type="checkbox"/> Delete
NAME	DARRELL, GOODEN	
STREET ADDRESS	4400 BAYOU BLVD. SUITE 40	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, CURTIS L	
STREET ADDRESS	5015 RENDY KAY LN	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LIVINGS, M J JR	
STREET ADDRESS	3537 BARLEY RD	
CITY-ST-ZIP	PACE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, DOYLE	
STREET ADDRESS	4281 LUTHER FOWLER RD	
CITY-ST-ZIP	PACE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEFFEL, LINVER	
STREET ADDRESS	1644 SPALDING CIR	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BENNETT, JERRY P.	
STREET ADDRESS	4281 HWY 90	
CITY-ST-ZIP	PACE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02

Date

850-994-0667

Daytime Phone #

CR2E034 (9/01)