

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91426 024 \*\*\*150.00

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**DOCUMENT # P94000093573**

1. Entity Name  
**HAMMER HEADS LIMITED INC.**



Principal Place of Business 1085 12TH STREET #6 VERO BEACH FL 32960 US	Mailing Address 1085 12TH STREET #6 VERO BEACH FL 32960 US
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2. Principal Place of Business 465 3rd Lane SW Suite, Apt. #, etc.	3. Mailing Address 465 3rd Lane SW Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State Vero Beach, FL	City & State Vero Beach, FL
Zip 32962	Zip 32962
Country USA	Country USA

4. FEI Number **65-0545282**  
Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KLAWITER, GREGORY L**  
1312 SW EVERGREEN LN  
PALM CITY FL 34990

**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 *Greg Klawiter*  
Signature, typed or printed name of registered agent and title if applicable.

4-14-03  
DATE

(NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KLAWITER, GREGORY L</b>
STREET ADDRESS	<b>403 SW NORTH QUICK CIR</b>
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34953</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: *Greg Klawiter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03 772-567-8385  
Date Daytime Phone #

CR2E034 (10/02)