

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012446

1. Entity Name
HAMMERHEAD DIVE CENTER, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90112 031 ***150.00

Principal Place of Business

4315 HIGHLAND PARK BLVD

C
LAKELAND FL 33813
US

Mailing Address

PO BOX 5905

LAKELAND FL 33807
US

2. Principal Place of Business

908 E. PARKER ST.

Suite, Apt. #, etc.

~~LAKELAND FL~~

City & State

LAKELAND, FL

Zip

33801

Country

USA

3. Mailing Address

908 E. PARKER ST.

Suite, Apt. #, etc.

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33801

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3513237

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GUARD, PIERCE J JR

6133 SWALLOW DR

LAKELAND FL 33809

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 *Pierce J. Guard, Jr.* PIERCE J. GUARD, JR. PRES.

4/27/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

DP
GUARD, PIERCE J
6133 SWALLOW DR
LAKELAND FL 33809

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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

PIERCE J. GUARD, JR. 4/27/01 863-802-0764

Date

Daytime Phone #

CR2E034 (10/00)