

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90049 048 \*\*\*150.00

DOCUMENT # P96000012446

1. Entity Name

HAMMERHEAD DIVE CENTER, INC.

Principal Place of Business

908 E PARKER ST  
LAKELAND FL 33801  
US

Mailing Address

908 E PARKER ST  
LAKELAND FL 33801  
US

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

59-3513237

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 **PIERCE J. GUARD, JR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**908 E. PARKER ST.**

City **LAKELAND**

FL

Zip Code **33801**

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]*

**PIERCE J. GUARD, JR. PRES.**

**1/25/02**

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 State**

10. 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 ☐ Delete  
NAME **DP**  
STREET ADDRESS **GUARD, PIERCE J**  
CITY-ST-ZIP **6133 SWALLOW DR LAKELAND FL 33809**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2102 SAKON LANE**  
CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE ☐ Delete  
NAME **VPD**  
STREET ADDRESS **BINGHAM, SIDNEY D**  
CITY-ST-ZIP **14074 BLACKJACK ROAD DOVER FL 33527**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **GUARD, SUSAN O**  
CITY-ST-ZIP **6133 SWALLOW DRIVE LAKELAND FL 33809**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2102 SAKON LANE**  
CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **BINGHAM, LISA D**  
CITY-ST-ZIP **14074 BLACKJACK ROAD DOVER FL 33527**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an officer or trustee empowered.

SIGNATURE:

*[Signature]*

**PIERCE J. GUARD, JR.**

**1/25/02**

**863-802-0744**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)