


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91103 001 ***150.00

DOCUMENT # P0000072229

1. Entity Name
HARTMANS' PRINT CENTER, INC.



Principal Place of Business
41 BUNKER COURT
ROTONDA FL 33947

Mailing Address
41 BUNKER COURT
ROTONDA FL 33947



2. Principal Place of Business
2828 S. McCall Rd
Suite, Apt. #, etc. 37
City & State Englewood, FL
Zip 34224 Country USA

3. Mailing Address
2828 S. McCall Rd
Suite, Apt. #, etc. 37
City & State Englewood, FL
Zip 34224 Country USA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
HARTMAN, JAMES J
41 BUNKER COURT
ROTONDA FL 33947

4. FEI Number 65-1007153
Applied For Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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 \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HARTMAN, JAMES J	
STREET ADDRESS	41 BUNKER COURT	
CITY - ST - ZIP	ROTONDA FL 33947	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTMAN, PATRICIA	
STREET ADDRESS	41 BUNKER COURT	
CITY - ST - ZIP	ROTONDA WEST FL 33947	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Patricia A. Hartman **3/11/03** **475-2220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)