## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

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## **FILED** DOCUMENT # 474094 Mar 16, 2000 8:00 am 1. Entity Name HEDRON CONSTRUCTION COMPANY, INC. **Secretary of State** 03-16-2000 90087 007 \*\*\*150.00 Mailing Address Principal Place of Business 303 OAK HILL DRIVE 303 OAK HILL DRIVE ALTAMONTE SPGS FL 32701 ALTAMONTE SPGS FL 32701-6247 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-1615032 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARDESTY, LAWRENCE E Street Address (P.O. Box Number is Not Acceptable) 303 OAK HILL DR ALTAMONTE SPRINGS FL 32701 City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete Change NAME HARDESTY.LAWRENCE E. STREET ADDRESS STREET ADDRESS 303 OAK HILL DRIVE CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPGS FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE HARDESTY, SHARON R. NAME NAME STREET ADDRESS STREET ADDRESS 303 OAK HILL DRIVE CITY-ST-7IP CITY-ST-ZIP ALTAMONTE SPGS FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS 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 shallhave the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver controlled the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all other like empowered. athhave the same legal effect as if made under oath; that I am an officer or director Onapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if