2004 UNIFORM BUSINESS REPORT (UBR

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90207 031 ***150.00

DOCUMENT # 150666

1. Entity Name

HARTNETT, INC.

Principal Place of Business

P.O. BOX 141766
COFAL GABLES,FL 33114

Mailing Address

P.O. BOX 141766
CORAL GABLES FL 33114-1766
US

24071320

DO NOT WRITE IN THIS SPACE

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 59-0582692 — Applie / Not Ap

5. Certificate of Status Desired ☐ **$8.75** Additior Fee Required

6. Name and Address of Current Registered Agent

HARTNETT, WILLIAM J.
1720 HARRISON STREET
HOLLYWOOD FL 33020

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 ______________________
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, 2000 Fee will be $550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** M Added to F

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAM J. HARTNETT 1830 Ponce De Leon Blvd. COFAL GABLES,FL. 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
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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 inform 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 di 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 Bloc changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] WILLIAM J HARTNETT PRESIDENT 4/27/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #