2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90119 035 ***150.00

DOCUMENT # 157616

1. Entity Name

HARDEMAN INSURANCE AGENCY INC.

Principal Place of Business	Mailing Address
7800 SW 57TH AVE STE 228 S MIAMI FL 33143-5523 US	7800 SW 57TH AVE STE 228 S MIAMI FL 33157-3300 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15321 SW 86 AVE	18495 S. Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. #116
City & State: MIAMI FLA	City & State: MIAMI, FLA
Zip: 33157 Country: DADE	Zip: 33157 Country: DADE

4. FEI Number 59-0598371 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARDEMAN, DAVID, A
~~7800 SW 57TH AVE~~
~~STE 228~~
~~SOUTH MIAMI FL FL 33143~~
15321 SW 86th AVE
MIAMI FLA 33157

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] DAVID HARDEMAN 4/7/2000
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** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARDEMAN, ROBYN	NAME	
STREET ADDRESS	~~7800 SW 57THA VE STE 228~~	STREET ADDRESS	15321 SW 86 AVE
CITY-ST-ZIP	~~MIAMI FL~~	CITY-ST-ZIP	MIAMI FLA 33157
TITLE	TPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARDEMAN, DAVID A.	NAME	
STREET ADDRESS	~~7800 SW 57 AVE STE. 228~~	STREET ADDRESS	15321 SW 86 AVE
CITY-ST-ZIP	~~S. MIAMI FL~~	CITY-ST-ZIP	MIAMI, FLA 33157
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.

SIGNATURE: [signature] DAVID HARDEMAN 4/7/2000 305-667-7107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)