

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90919 014 ***158.75

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DOCUMENT # 305573

1. Entity Name

HARDY BROS. OIL COMPANY, INC.

Principal Place of Business

**1126 MARTIN LUTHER KING BLVD
 POMPANO BEACH FL 33069
 US**

Mailing Address

**P.O. BOX 43
 POMPANO BEACH FL 33061
 US**

2. Principal Place of Business

3. Mailing Address

1126 Martin Luther King Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach FL

4. FEI Number

59-1144299

Applied For

Not Applicable

Zip

Country

Zip

Country

33069

US

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARDY, NOEL D

**1126 MARTIN LUTHER KING BLVD
 POMPANO BEACH FL 33069**

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 HARDY, JAMES D
 5411 NW 77TH CT
 POMPANO BCH, FL 33069**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**1200 NE 4th street
 Pompano Beach FL 33060**

☒ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 HARDY, NOEL D
 1220 N E 9TH STREET
 POMPANO BCH, FL 33069**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
33060

☒ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Noel D Hardy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02

Date

946-3993

Daytime Phone #

CR2E034 (9/01)