2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am DOCUMENT # 386834 **Secretary of State** 1. Entity Name 03-25-2002 90058 049 ***150.00 JACK HARDY, INC. Principal Place of Business Mailing Address 4495 SW 67 TERR. 4495 SW 67 TERR. DAVIE FL 33314 DAVIE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1455133 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. HARDY, JACK A Street Address (P.O. Box Number is Not Acceptable) 4495 SW 67 TERR DAVIE FL 33314 City 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) 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, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SECRETARY-TREASURER STD TITLE X Delete TITLE Change Change ☐ Addition LEONARD H. KINSEY MCDONOUGH, C. NAME NAME 4496 SW. 67 TERRACE 4495 SW 67 TERR. STREET ADDRESS STREET ADDRESS DAVIB, FLORIDA. 33314 CITY-ST-ZIP DAVIE FL CITY-ST-ZIP PRESIDENT □ Change TITLE ☐ Delete TITLE ☐ Addition HARDY, JACK A NAME NAME STREET ADDRESS STREET ADDRESS 4495 SW 67 TERR.: CITY-ST-ZIP CITY-ST-ZIP DAVIE FL VICE PRESIDENT T : Change Aodition 🔀 THLE THILE Delete J. MARK HARDY NAME NAME 4495 SW 67 TERRACE STREET ADDRESS STREET ADDRESS DAVIE, FLORIDA. 33314 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE:

EMARD H. KINEGY

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.

FILED