

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90735 024 ***158.75

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DOCUMENT # 449923

1. Entity Name
HARDEN CUSTOM BUILDING, INC.



Principal Place of Business
**4330 LAGG AVE
FT. MYERS FL 33901
US**

Mailing Address
**4330 LAGG AVE
FT. MYERS FL 33901
US**



2. Principal Place of Business

3. Mailing Address

4622 LEE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LEHIGH ACRES FL

Zip

Country

Zip

Country

33971

US

4. FEI Number

59-1515020

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARDEN, MARK G.
1931 CARBONATA DR
ALVA FL 33920**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HARDEN, MARK G**
STREET ADDRESS **1931 CARBONATA DR**
CITY-ST-ZIP **ALVA FL 33920**

TITLE **CFO / M** ☐ Change ☒ Addition
NAME **CHERI HARBISON**
STREET ADDRESS **2501 ZELIGRO ROAD**
CITY-ST-ZIP **ALVA, FL 33920**

TITLE **VP** ☐ Delete
NAME **HARTLEY, BOBBY**
STREET ADDRESS **4330 LAGG AVE**
CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PIERCE, DARRIN**
STREET ADDRESS **2010 RIALTO WAY**
CITY-ST-ZIP **ALVA FL 33920**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Cheri Harbison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03

239-303-9108

Date

Daytime Phone #

CR2E034 (10/02)