

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90266 029 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 598456

1. Entity Name
HARTENSTINE CONSTRUCTION CONSULTING, INC.

Principal Place of Business 1352 MANHATTAN AVE SARASOTA FL 34237	Mailing Address 1352 MANHATTAN AVE SARASOTA FL 34237-2726
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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 59-1866088	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
HARTENSTINE JAMES H
3617 JACINTO PLACE
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE V	<input type="checkbox"/> Delete	NAME HARTENSTINE, JOHN A.
STREET ADDRESS 3617 JACINTO COURT		CITY-ST-ZIP SARASOTA FL
TITLE PD	<input type="checkbox"/> Delete	NAME HARTENSTINE, JAMES H.
STREET ADDRESS 3617 JACINTO PLACE		CITY-ST-ZIP SARASOTA FL
TITLE ST	<input type="checkbox"/> Delete	NAME HARTENSTINE, JULIA R.
STREET ADDRESS 3617 JACINTO COURT		CITY-ST-ZIP SARASOTA FL
TITLE S	<input type="checkbox"/> Delete	NAME HARTENSTINE, MICHAEL J.
STREET ADDRESS 1550 RINGLING BLVD.		CITY-ST-ZIP SARASOTA FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		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: *James H. Hartenstine* **James H. Hartenstine** Date: **4/28/00** Daytime Phone #: **941-955-8888**

CR2E034 (9/99)