

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2001 08:00 AM****Secretary of State****DOCUMENT # A00000000974**1. Entity Name
THE HARDMAN FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
5301 ANTON COURT	5301 ANTON COURT
TAMPA FL 33647	TAMPA FL 33647

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
59-3660352Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**HARDMAN ROBERT**
5301 ANTON COURT

TAMPA FL 33647**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 _____ DATE **02/08/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)9. Capital Contributions
as Shown on record. 0:0010. Amount of Capital Contributions
in FLORIDA to date. 0.00**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	HARDMAN STELLA 5301 ANTON COURT TAMPA FL 33647	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	HARDMAN ROBERT TRUSTEE 5301 ANTON COURT TAMPA FL 33647	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Robert J. Hardman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Mr. 02/08/2001

Date

Daytime Phone #

CR2E003 (11/00)