

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91901 043 \*\*\*150.00

<b>DOCUMENT #</b> F00000003572							
<b>1. Entity Name</b> HARTCO ENGINEERING, INC.							
<b>DO NOT WRITE IN THIS SPACE</b>							
<b>2. Principal Place of Business</b> 2437 PONCE DE LEON PKWY Suite, Apt. #, etc.			<b>3. Mailing Address</b> 2437 PONCE DE LEON PKWY Suite, Apt. #, etc.				
<b>City &amp; State</b> AVON PARK, FL Zip                      Country 33825			<b>City &amp; State</b> AVON PARK, FL Zip                      Country 33825				
<b>4. FEI Number</b> 38-3373856				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Applied For</td> <td style="width: 50%; padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For	Not Applicable						
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>DO NOT WRITE IN THIS SPACE</b>			
<b>7. Name and Address of Current Registered Agent</b>							
Name HARWOOD, CAROL Street Address (P.O. Box Number is Not Acceptable) 3437 PONCE DE LEON PKWY							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">City AVON PARK</td> <td style="width: 40%; padding: 2px;">Zip Code FL 33825</td> </tr> </table>						City AVON PARK	Zip Code FL 33825
City AVON PARK	Zip Code FL 33825						
<b>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.</b>							
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.				
<b>10. OFFICERS AND DIRECTORS</b>							
TITLE	CD	TITLE					
NAME	HARWOOD, CAROL	NAME					
STREET ADDRESS	2437 PONCE DE LEON	STREET ADDRESS					
CITY - ST - ZIP	AVON PARK, FL 33825	CITY - ST - ZIP					
TITLE	PD	TITLE					
NAME	HARWOOD, CARY	NAME					
STREET ADDRESS	2437 PONCE DE LEON	STREET ADDRESS					
CITY - ST - ZIP	AVON PARK, FL 33825	CITY - ST - ZIP					
TITLE		TITLE	<b>DO NOT WRITE IN THIS SPACE</b>				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE		TITLE					
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE		TITLE					
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE		TITLE					
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
<b>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 on an attachment with an address, with all other like empowered.</b>							
<b>SIGNATURE:</b> <u>CARY J. HARWOOD</u> 04/15/03      269-641-2524 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>							

CR2E034B (12/02)