2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an att

SIGNATURE,

Mar 24, 2002 8:00 am Secretary of State F00000004585 DOCUMENT # 1. Entity Name HARTLEY & ASSOCIATES, INC. 03-24-2002 90048 030 ***150.00 Principal Place of Business Mailing Address 1100 CESERY BLVD 1100 CESERY BLVD JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 58-1382085 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARTLEY, JOHN A Street Address (P.O. Box Number is Not Acceptable) 1100 CESERY BLVD JACKSONVILLE FL 32211 Zip Code City 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. DATE 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition **PCDT** TITLE TITLE ☐ Delete HARTLEY, JOHN A NAME NAME 13079 ISLEWORTH RIDGE COURT STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP CITY_ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE SD TITLE HARTLEY, BARBARA M NAME NAME 13079 ISLEWORTH RIDGE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-7IP ☐ Change ☐ Addition . . . Delete --TITLE TITLE ---D~ NAME HARTLET, J. GREGORY NAME STREET ADDRESS. 33075 STONE CREST COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP atlanta ga 30341. ☐ Addition ☐ Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED