

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90496 036 \*\*\*150.00

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**DOCUMENT # F01000004981**

1. Entity Name  
**HART BUSINESS SERVICES, INC.**

Principal Place of Business      Mailing Address  
**1440 WHALLEY AVENUE**      **1440 WHALLEY AVENUE**  
**NEW HAVEN CT 06515**      **NEW HAVEN CT 06515**



2. Principal Place of Business      3. Mailing Address  
**1440 whalley Ave.**      **1440 whalley Ave.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **New Haven, Ct.**      City & State **New Haven, Ct. 06515**      4. FEI Number **06-1390584**      Applied For  
 Not Applicable

Zip **06515**      Country **USA**      Zip **06515**      Country **USA**      5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

~~**HART, DANIEL J.**~~      Name **Daniel J. Hart**  
~~**15467 WHISPERING WILLOW DR.**~~      Street Address (P.O. Box Number is Not Acceptable)  
~~**WELLINGTON FL 33414**~~      **9856 Royal Cardigan Way**  
*Address Change*      City **West Palm Beach FL**      Zip Code **33411**

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      **Daniel J Hart**      DATE **3-29-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD</b> <input type="checkbox"/> Delete <b>HART, DANIEL J</b> <b>15467 WHISPERING WILLOW DR.</b> <b>WELLINGTON FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9856 Royal Cardigan Way</b> <b>West Palm Beach, FL. 33411</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>HART, JENNIFER L</b> <b>15467 WHISPERING WILLOW DR.</b> <b>WELLINGTON FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9856 Royal Cardigan Way</b> <b>West Palm Beach, FL. 33411</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>HART, JOSEPH T</b> <b>1440 WHALLEY AVE., #101</b> <b>NEW HAVEN CT</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:      **SIGNATURE REQUIRED**      Date **3-29-02**      Daytime Phone # **561 790 0251**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)