

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003402

1. Entity Name
HART PRODUCTS & SERVICES, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90039 045 ***550.00

Principal Place of Business

5105 PHILLIPS HIGHWAY
SUITE 301
JACKSONVILLE FL 32207
US

Mailing Address

PO BOX ~~381~~ 420381
~~931 JEANETTE AVE.~~
MIDDLETOWN OH 45042 - 0381

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 .. 31-0731141

Applied For

Not Applicable

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

MAYS, GARY W
10529 ROCK GARDEN LN.
JACKSONVILLE FL 32257

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 C
NAME HART, HERMAN E
STREET ADDRESS 10594 RT. 286
CITY-ST-ZIP HUNTSVILLE OH 43324 ☐ Delete

TITLE C
NAME HART, HERMAN E
STREET ADDRESS 9790 BUCKEYE DR
CITY-ST-ZIP HUNTSVILLE OH 43324 ☒ Change ☐ Addition

TITLE P
NAME HART, ROGER K
STREET ADDRESS 7286 GLENN MOOR
CITY-ST-ZIP WEST CHESTER OH 45069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT
NAME HART, CHRISTOPHER
STREET ADDRESS 920 BRIARWOOD CT.
CITY-ST-ZIP MASON OH 45040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME CARPENTER, LISA J
STREET ADDRESS 823 QUAILWOOD CT. Sp.
CITY-ST-ZIP MASON OH 45040 ☐ Delete

TITLE S
NAME CARPENTER, LISA J
STREET ADDRESS 823 QUAILWOOD CT
CITY-ST-ZIP MASON OH 45040 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/00
Date

(513) 422-3637
Daytime Phone #

CR2E034 (5/00)