2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000003402

CARPENTER, LISA J

823 QUAIL WOOD CT

MASON, OH 45040

Name:

Address:

City-St-Zip:

Entity Name: HART PRODUCTS & SERVICES, INC.

FILED May 01, 2003 Secretary of State

Current Principal Place of Business:				New Prince	New Principal Place of Business:			
5105 PHII	LIPS HIGHWA	¥Υ						
SUITE 401								
JACKSON	IVILLE, FL 32	207	US					
Current M	lailing Addre	ss:		New Maili	New Mailing Address:			
P.O. BOX MIDDLET(420381 DWN, OH 450)42						
FEI Number	: 31-0731141	FEI	Number Applied For()	FEI Number Not App	licable ()	Certificat	e of Status Desired ()	
Name and	Address of	Currer	nt Registered Agent:	Name and	Address of	New Regi	stered Agent:	
	RY W CK GARDEN WILLE, FL 32		US					
	named entity e of Florida.	submi	ts this statement for the p	ourpose of changing i	ts registered	office or re	egistered agent, or both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent				ent	Date			
Election Car	mpaign Financir	a Trust	Fund Contribution ().					
	S AND DIREC	_	• •	ADDITION	IS/CHANGE:	S TO OFF	CERS AND DIRECTOR	
Title:	С () Delete)	Title:	() Change () Addition	
Name:	HART, HERMA	*		Name:	`	, , ,	,	
Address:	9790 BUCKEY	E DR		Address:				
City-St-Zip:	HUNTSVILLE,	OH 433	324	City-St-Zip:				
Title:	Р () Delete	;	Title:	Р (X) Change() Addition	
Name:	HART, ROGE			Name:	HART, ROGE		•	
Address:	7286 GLENN I	/OOR		Address:	370 RIDDLE I	RD		
City-St-Zip:	WEST CHEST		45069	City-St-Zip:	WOODLAWN			
Title:	VT () Delete	.	Title:	VP (X) Change() Addition	
Name:	HART, CHRIST	*		Name:	HART, CHRIS		,	
Address:	920 BRIARWO			Address:	•			
City-St-Zip:	MASON, OH 4			City-St-Zip:	MASON, OH			
Title:	S () Delete	:	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER HART VP 05/01/2003