

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91611 017 ***150.00

DOCUMENT # F99000006316

1. Entity Name

HARDY MANAGEMENT COMPANY, INC.

Principal Place of Business

Mailing Address

**RT 519 PO BOX 8484
 EIGHTY FOUR PA 15384-8484**

**RT 519 PO BOX 8484
 EIGHTY FOUR PA 15384-8484**

2. Principal Place of Business

C/O CORPORATE TAX OFFICE

3. Mailing Address

C/O CORPORATE TAX OFFICE

Suite, Apt. #, etc.

1019 ROUTE 519

Suite, Apt. #, etc.

1019 ROUTE 519

City & State

EIGHTY FOUR, PA

City & State

EIGHTY FOUR, PA

Zip

15330-2813

Country

Zip

15330-2813

Country

4. FEI Number

25-1581648

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

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 \$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	CPT HARDY, JOSEPH A SR. RT 519N P.O. BOX 8484 EIGHTY FOUR FL 15384-8484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAGERKO, MARGARET HARDY RT 519 PO BOX 8484 EIGHTY FOUR PA 15384-8484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOMAR, CHERI B RT 519 PO BOX 8484 EIGHTY FOUR PA 15384-8484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOT CARLSEN, DAVID E RT 519 PO BOX 8484 EIGHTY FORU FL 15384-8484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT HARDY, JOSEPH A. SR 1019 ROUTE 519 EIGHTY FOUR, PA 15330-2813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAGERKO, MARGARET HARDY 1019 ROUTE 519 EIGHTY FOUR, PA 15330-2813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOMAR, CHERI B 1019 ROUTE 519 EIGHTY FOUR, PA 15330-2813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOT CARLSEN, DAVID E 1019 ROUTE 519 EIGHTY FOUR, PA 15330-2813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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)(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]* **VP OF TAXATION**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

724-228-8820

Daytime Phone #

CR2E034 (9/01)