## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Aug 06, 2002 8:00 am Secretary of State

DOCUMENT # G08262					08-06-2002 90140 001 *1,100.00		
1. Entity Name							
HARDWI	CK DEVELOPMENT	CORP			/		
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			961.k-			÷.	•
	Place of Business IRST COAST HWY	3. Mailing Address SAME AS 2			1		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WIDTE IN THIS SPACE			
UNIT 1 City & Sta	Cib. P. State	City & State		DO NOT WRITE IN THIS SPACE			
AMELIA ISLAND, FL		City & State			4. FEI Number 59~2239843	<u> </u>	Applied For Not Applicable
Zip 32034	2 Country Zip		Country		5. Certificate of Status Desired		Additional
	The section of the second		- Bigg 141. S	1 7	Name and Address of Curren	Fee Re	equired
			er en	Name JAMES C			= = = =
	🛌 DO NOT W	RITE	18 据 5 章 44 第 3 章	Street Address	(P.O. Box Number is Not Accepta	ible)	
	IN THIS SP	ACE	is delete Persona		RST COAST HIGH	WAY	
				UNIT #1	.3	l <del>sic</del> i	
	Paris - Table - Table - Philips		Con Ers	AMELIA	ISLAND	FL 32	034
8. The above	e named entity submits this stateme	nt for the purpose of char	nging its re	gistered office or r	registered agent, or both, in the St	ate of Florida.	
SIGNATURE							
ight of	Signature, typed or printed name of regis	tered agent and title if applic	able. (I	NOTE: Registered A	gent signature required when reinstatin	ng) DAT	E
	oration is eligible to satisfy its Intang			ee is \$150.00 is	10. Election Campaign F	inancina	\$5.00 May Be
	requirement and elects to do so.	Amei	nded UBR		Trust Fund Contribut		Added to Fees
11.1	OFFICERS AND I						Williams Inc.
TITLE 1	PRESIDENT	172	mu	25 7 24 36 1 3 43 65			CR2E(12/0)
NAME STREET ADDRESS	JAMES O HARDWIC 5472 FIRST COAS		NAME	ET ADDRESS			
CITY - ST - ZIP	AMELIA ISLAND,	FL 32034	\$65,247	-ST - ZIP			3 2
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STREET ADDRESS CITY - ST - ZIP			, Y , X3	ET ADDRESS 🚈 🕮	Capaca, Av. 1-2 - Av.		
TITLE			TITLE	ST - ZIP			
NAME			NAME			sia Alba	
STREET ADDRESS			STREE	T ADDRESS	enegas necessor establicas. Energia filosoficas no establicas		
CITY - ST - ZIP				ST - ZIP	er talling for the		4. Project
<ul> <li>Information</li> </ul>	rtify that the information supplied win indicated on this report or supplem	iental report is true and a	ccurate and	that my signature	e shall have the came lead affect	an if manda conduct a	-46.46-41
an onicer o	or director of the corporation or the re Block 11 or on an attachment with a	rceiver or trustee empow	ered to exe	cute this report as	required by Chapter 607, Florida	Statutes; and that	my name
	Ment boal	m/ 1			- L		
SIGNATU		PRINTED NAME OF SIGNIN	185	Hardui'	<del></del>	<del></del>	<u> </u>
	/ 97 THE POW TIFED OR	ILD HAME OF SIGNIN	OFFICER	OK DIKEC10K	Date	Daytime Phone a	#