FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90312 001 ***450.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55035581

DOCUMENT # G08262

1. Entity Name
HARDWICK DEVELOPMENT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5472 FIRST COAST HWY
Suite, Apt. #, etc.
UNIT 13
City & State
AMELIA ISLAND, FL
Zip: 32034 Country:

3. Mailing Address
SAME AS 2
Suite, Apt. #, etc.
City & State
Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2239843
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
JAMES O HARDWICK
Street Address (P.O. Box Number is Not Acceptable)
5472 FIRST COAST HIGHWAY
UNIT #13
City: AMELIA ISLAND FL Zip Code: 32034

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. I am familiar with, and accept the obligations of registered agent.

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

Annual Report Fee $150.00
Filing Fee $25.00
Certificate of Status $8.75
Certified Copy $30.00
Make Check Payable to: Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	JAMES O HARDWICK
STREET ADDRESS	5472 FIRST COAST HWY, #13
CITY - ST - ZIP	AMELIA ISLAND, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/28/03 904-261-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL323B1F.1