

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90096 016 \*\*\*150.00

0512144 AV

**DOCUMENT # G34484**

1. Entity Name  
**HART & REICHERT ASSOCIATES, INC.**



Principal Place of Business  
**802 BURNS LANE  
WINTER HAVEN FL 33884-1151**

Mailing Address  
**802 BURNS LANE  
WINTER HAVEN FL 33884-1151**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2287935**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HART, CHRISTOPHER S.  
10211 W SAMPLE RD.  
SUITE # 210  
CORAL SPRINGS FL 33065**

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. 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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HART, CHRIS</b>	
STREET ADDRESS	<b>5455 NW 86 WAY</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HART, DAWN</b>	
STREET ADDRESS	<b>5455 NW 86 WAY</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>REICHERT, JAMES W., JR.</b>	
STREET ADDRESS	<b>14 MEADOW LAKE CT.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>REICHERT, DEBBIE</b>	
STREET ADDRESS	<b>14 MEADOW LAKE CT.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Dawn Hart* **SIGNATURE REQUIRED** *HART*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/27/03*

Date

*954 255-9020*

Daytime Phone #

CR2E034 (10/02)