

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-14-2002 90009 006 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J24653

1. Entity Name
RON HARDY & CO., INC.

Principal Place of Business

2131 HIGHWAY 60 E
LAKE WALES FL 33853
US

Mailing Address

2131 HIGHWAY 60 E
LAKE WALES FL 33853
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2687605

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

HARDY, RON
2131 HIGHWAY 60 E
LAKE WALES FL 33853

Name

Josie Hardy

Street Address (P.O. Box Number is Not Acceptable)

2131 Hwy 60E

Lake Wales

City

FL

Zip Code

33898

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

Josie Hardy

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-02

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HARDY, RON
2131 HWY 60E
LAKE WALES FL 33853 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
HARDY, JOSIE
2131 HWY 60E
LAKE WALES FL 33853 33898 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V. President
Dean Emitt Hardy
5500 Indian Brook Dr.
Charlotte, N.C. 28105 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Josie Hardy

DATE

3-5-02

Daytime Phone #

863-676-1009

CR2E034 (9/01)