

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90523 019 ***150.00

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HARDY, RON
2131 HIGHWAY 60 E
LAKE WALES FL 33853**

7. Name and Address of New Registered Agent

Name *Josie Hardy*
Street Address (P.O. Box Number is Not Acceptable)
2131 Hwy 60E
City *Lake Wales* **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Josie Hardy*
Signature, typed or printed name of registered agent and title if applicable.

Josie Hardy President 1-17-03
(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

| | | |
|----------------|-------------------------------------|--|
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | HARDY, JOSIE | |
| STREET ADDRESS | 2131 HWY 60E | |
| CITY-ST-ZIP | LAKE WALES FL 33853 | |
| TITLE | <u><i>President</i></u> | <input type="checkbox"/> Delete |
| NAME | <u><i>Josie Hardy</i></u> | |
| STREET ADDRESS | <u><i>2131 Hwy 60E</i></u> | |
| CITY-ST-ZIP | <u><i>Lake Wales FL</i></u> | |
| TITLE | <u><i>V.P.</i></u> | <input type="checkbox"/> Delete |
| NAME | <u><i>Dean Hardy</i></u> | |
| STREET ADDRESS | <u><i>5500 Indian Brook Dr.</i></u> | |
| CITY-ST-ZIP | <u><i>Charlotte N.C. 28105</i></u> | |
| 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"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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 |
| 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)