FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

11 -

DOCUMENT #J4764

FILED Jun 03, 2002 8:00 am Secretary of State 06-03-2002 91204 038 ***150.00

HARTFORD BUILDING CORPORATION									
DO NOT WRITE IN THIS SPACE						B0124363.			
2. Principal Place of Business 3. Mailing Address 3. 4/8 FALCON GANE 3. 4/8 FALCON GANE				COW LANGE					
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE			
City & State				, FL.		FEI Number 59-2040428	 - - '- '	olied For Applicable	
Zip 34/6	P3 Country	34683	Coun		5. (Certificate of Status Desired	\$8.75 Addi		
		P No		Name 🔿	7. Na	ame and Address of Current Registere	d Agent		
		Street Address (P.O. Box Number is Not Acceptable)							
IN THIS SPACE				2418 FALCON 4 ANE					
						TARBOR FI	Zip Code	683	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
		ee is \$150.00	a eo wien	ensiang)					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After May 1,1 Amended U Make Check Payable				to be is \$550.00 and is \$55.00 May Be is \$61.25 Trust Fund Contribution.					
11 OFFICERS AND DIRECTORS									
TITLE	PRESIDENT / SEC.	Ma)	TITL NAM	1				CR2E034B (12/01)	
NAME STREET ADDRESS	DILLO EALCONI 4	ANE		EET ADDRESS				8	
CITY+ST-ZIP	PALM HARBOR	FL. 34683	cm	/+ST-ZiP					
TITLE	UICE YOLESIVENI		TITL	- 1				83	
NAME STREET ADDRESS	2418 FALCON LA	ANE	STR	EET ADORESS					
CITY+ST-ZIP	PALM HARBOA	FL 34683	CITY	Y-ST-ZIP					
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	חדו						
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CITY-ST-ZIP			CITY	Y-ST-ZIP		DO NOT WR	116		
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CITY-ST-ZIP	<u> </u>	- ·	TITI		•				
TITLE NAME			NA!	<u> </u>					
STREET ADDRESS			STR	REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
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 on an attachment with an address, with all other like empowered.									