2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # J95344** Apr 12, 2000 8:00 am Secretary of State HARDY REALTY GROUP, INC. 04-12-2000 90078 043 ***150.00 Principal Place of Business Mailing Address 585 TECHNOLOGY PARK DRIVE 585 TECHNOLOGY PARK DRIVE SUITE 105 SUITE 105 LAKE MARY FL 32746 LAKE MARY FL 32746-7108 2. Principal Place of Business 3. Mailing Address 22902-LANE SENGER K 22902 LAKE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-2851680 Not Applicable CUSTIS Country Country \$8.75 Additional 5. Certificate of Status Desired 73*6* USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARDY, TOBY R Street Address (P.O. Box Number is Not Acceptable) 585 TECHNOLOGY PARK DRIVE SUITE 105 LAKE MARY FL 32746 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agen FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE ☐ Delete HARDY, TOBY R NAME 22902 LAKE SENECA RD STREET ADDRESS 585 TECHNOLOGY PARK DRIVE SUITE 105 STREET ADDRESS EUSTIS FL 32736 CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete TITI F HARDY, SUSAN T NAME NAME 22902 LANC SENECA RD STREET ADDRESS 585 TECHNOLOGY PARK DRIVE SUITE 105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 Addition TITLE Delete TITLE HARDY, SUSAN T NAME NAME 585 TECHNOLOGY PARK DRIVE SUITE 105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Channe Channe [] Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 Block 12 if

OFFICER OR DIRECTOR

with all other like empowered.

SIGNATURE: