

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90140 001 \*1,100.00

2002

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

<b>DOCUMENT #</b> K09147
<b>1. Entity Name</b> HARDWICK PROPERTIES, INC

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 5472 FIRST COAST HWY Suite, Apt. #, etc. UNIT 13 City & State AMELIA ISLAND, FL	<b>3. Mailing Address</b> SAME AS 2 Suite, Apt. #, etc. City & State
Zip 32034	Country

<b>4. FEI Number</b> 59-2868775	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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<b>7. Name and Address of Current Registered Agent</b>	
Name JAMES O HARDWICK	
Street Address (P.O. Box Number is Not Acceptable) 5472 FIRST COAST HIGHWAY	
UNIT #13	
City AMELIA ISLAND	FL Zip Code 32034

**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

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JAMES O HARDWICK 5472 FIRST COAST HWY, #13 AMELIA ISLAND, FL 32034	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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.**

**SIGNATURE:**  James Hardwick  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)