

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90312 001 ***450.00

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

55035580

| | | | |
|---|---|---|-------------------------------------|
| DOCUMENT # K09147 | | | |
| 1. Entity Name HARDWICK PROPERTIES, INC | | | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business 5472 FIRST COAST HWY <small>Suite, Apt. #, etc.</small> | | 3. Mailing Address SAME AS 2 <small>Suite, Apt. #, etc.</small> | |
| UNIT 13 <small>City & State</small> | | AMELIA ISLAND, FL <small>City & State</small> | |
| 32034 <small>Zip</small> | FL <small>Country</small> | 32034 <small>Zip</small> | FL <small>Country</small> |
| 4. FEI Number 59-2868775 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent | | | |
| Name JAMES O HARDWICK | | | |
| Street Address (P.O. Box Number is Not Acceptable) 5472 FIRST COAST HIGHWAY | | | |
| UNIT #13 | | | |
| AMELIA ISLAND | | FL 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ | | DATE _____ | |
| <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRESIDENT JAMES O HARDWICK 5472 FIRST COAST HWY, #13 AMELIA ISLAND, FL 32034 | | |
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| 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: _____ | | Date: 4/28/03 Daytime Phone #: 904-261-3355 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | |

8TF FL32081F.1

CR2E0348 (12/02)