FILED
Aug 14, 2001 8:00 am
Secretary of State

07-10-2001 90119 004 ***150.00
08-14-2001 90004 034 ***400.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K12484

1. Entity Name
HARDWELL, INC.

Principal Place of Business
20801 BISCAYNE BOULEVARD
SUITE 304
NORTH MIAMI BEACH FL 33180
US

Mailing Address
20801 BISCAYNE BOULEVARD
SUITE 304
NORTH MIAMI BEACH FL 33180
US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3936 - 3968
Suite, Apt. #, etc: Curtis Parkway
City & State: Virginia Florida
Zip: 33166 Country: FLORIDA

3. Mailing Address:
Suite, Apt. #, etc:
City & State:
Zip: Country:

4. FEI Number: 65-0036416 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FREEMAN, DENNIS B., P.A.
20801 BISCAYNE BOULEVARD
SUITE 304
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ____________________ DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PVD	☐ Delete
NAME	REILLY, WILLIAM	
STREET ADDRESS	520 NW 165TH ST RD #102	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (5/01)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Reg Agt 7/3/01 3056828800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #