

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90099 028 ***150.00

DOCUMENT # **K42612**

1. Entity Name

Hardy Holdings, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
288 Aragon Avenue

Suite, Apt. #, etc.
Suite D

City & State
Coral Gables, FL

Zip
33134

Country
USA

3. Mailing Address
288 Aragon Avenue

Suite, Apt. #, etc.
Suite D

City & State
Coral Gables FL

Zip
33134

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
650094910

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Richard J. Bischoff**

Street Address (P.O. Box Number is Not Acceptable)
288 Aragon Avenue

Suite D

City **Coral Gables**

FL

Zip Code
33134

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Richard J. Bischoff
288 Aragon Avenue, Suite D
Coral Gables, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Secretary
David Lennon
8 Yacht Lane
Forestdale, MA 02644**

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)