2000 UNIFORM BUSINESS REPORT (UBR)

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

FILED DOCUMENT # L90242 May 26, 2000 8:00 am 1. Entity Name Secretary of State HARDMAN FINANCIAL GROUP, INC. 05-26-2000 90072 041 ***150.00 Mailing Address Principal Place of Business 2875 S. OCEAN BLVD. 2875 S. OCEAN BLVD. STE 217 PALM BEACH FL 33480-5593 PALM BEACH FL 33480 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0210976 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent T. HARDMAN HARDMAN, RAY A. 2875 S. OCEAN BLVD. **STE 217** PALM BEACH FL 33480 PALM BEACH 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. Addition ☑ Delete TITLE MICHAELT. HARDMAN TITLE NAME HARDMAN, RAY A. 2875 SO. OCEAN BLVD STE 217 NAME STREET ADDRESS STREET ADDRESS 2875 S OCEAN BLVD STE 217 PARM BEACH, FL 33480 CITY-ST-ZIP CITY-ST-7IP PALM BEACH FL Addition Change ☐ Delete TITLE TITLE TINA M. HARDMAN 2875 SO. OCEAN BUID STE 217 NAME NAME STREET ADDRESS STREET ADDRESS PARM BEACH, FL 33480 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS 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