

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L90242

1. Entity Name  
HARDMAN FINANCIAL GROUP, INC.

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93590 035 \*\*\*150.00

Principal Place of Business  
2875 S. OCEAN BLVD.  
STE 217  
PALM BEACH FL 33480

Mailing Address  
2875 S. OCEAN BLVD.  
STE 217  
PALM BEACH FL 33480



2. Principal Place of Business  
6000 Okeechobee Blvd.

3. Mailing Address  
6000 Okeechobee Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
West Palm Beach, FL

City & State  
West Palm Beach, FL

Zip 33417 Country USA

Zip 33417 Country USA

4. FEI Number 65-0210976

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HARDMAN, MICHAEL T  
2875 S. OCEAN BLVD.  
STE 217  
PALM BEACH FL 33480

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 *[Signature]* DATE 5/20/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARDMAN, TINA M 2875 SO OCEAN BLVD. STE 217 PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 5/20/02 DAYTIME PHONE # 561-547-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)