

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90128 005 ***150.00

DOCUMENT # **L90242**

1. Entity Name
HARDMAN FINANCIAL GROUP, INC.



Principal Place of Business
**6000 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33417**

Mailing Address
**6000 OKEECHOBEE BLVD.
STE 217
WEST PALM BEACH FL 33417**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0210976**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

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 **MICHAEL T. HARDMAN**
Street Address (P.O. Box Number is Not Acceptable) **6000 OKEECHOBEE BLVD.**
SUITE 2100
City **WEST PALM BEACH** **FL** Zip Code **33417**

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 *Michael T. Hardman* **MICHAEL T. HARDMAN, PRESIDENT** **4/28/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	HARDMAN, MICHAEL T
STREET ADDRESS	2875 SO OCEAN BLVD. STE 217
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	VP <input type="checkbox"/> Delete
NAME	HARDMAN, TINA M
STREET ADDRESS	2875 SO OCEAN BLVD. STE 217
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6000 Okeechobee Blvd. Ste 2100
CITY-ST-ZIP	West Palm Beach, FL 33417
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1531 NORTH J TERRACE
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael T. Hardman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03 **561-547-9900**

CR2E034 (10/02)