2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000000546 1. Entity Name DAVID HARDY & CO., LLC

Principal Place of Business

Mailing Address

720 GOODLETTE ROAD NORTH

720 GOODLETTE ROAD NORTH

2. Principal Place	of Business	3. Mailing Address						
Suite, Apt. #, et	c.	Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip. Country	-					

FILED May 12, 2002 8:00 am Secretary of State 05-12-2002 90593 007 ****50.00

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2. Principal f	Dlace of Busin	ness	3. Mailing Address									
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City & State			City & State			4.	4 FELNING					
Zip Country			Zip.	Coun	try			65-0836615			Not Applicable	1
	6 Name	and Address of Current	' '			±5. Certificate of Status Desired □ - \$5.00 Additional Fee Required						
	U. Italile	and Address of Current	Hegistered Agent		Name	<u> 7.</u>	Nam	e and Address of New Regi	stered A	gent		7
HARDIE, REX				Street Address (F			(P.O. Box Number is Not Acceptable)					
	PLES FL 34	TE ROAD NORTH		Silver Address			(1.0. Box Number is Not Acceptable)					
		102			·							
					City				FL	Zip Co	ode	7
8. The above	named entity	submits this statement for	the purpose of changing its	registere	d office or re	egistered a	gent,	or both, in the State of Florida	ι.	<u> </u>		7
SIGNATURE .												ľ
	Signature, typed o	or printed name of registered agent a			Agent signature i		reinstati	ng)	DATE			4
			FILE NO Make Check Pay		EE IS \$50							
					y 1, 2002	ent of St	ate					ſ
9.		MANAGING MEMBERS/MANAGERS 10.						ADDITIONS/CH/	ANGES			$\frac{1}{2}$
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indicated o	nuiy mat the I	inormation supplied with the	nis filing does not qualify for the	he exemp	otion stated i	in Section 1	119.07	(3)(i), Florida Statutes, I furth	er certify	that the i	nformation	

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE