

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

DOCUMENT # **M 94401**

1. Entity Name

**Hardee Car Company**

FILED

02 APR 25 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**505 N 6th Ave**

3. Mailing Address

**PO Box 1724**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Wauchula FL**

City & State

**Wauchula, FL**

4. FEI Number

**65-0073089**

Applied For

Not Applicable

Zip  
**33873**

Country

**Hardee**

Zip

**33873**

Country

**Hardee**

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Billy Hill**

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

**3290 East Main Str.**

City

**Wauchula**

FL

Zip Code

**33873**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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  
**PO  
Billy Hill  
3290 E. Main Str.  
Wauchula FL 33873**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**400005418544--  
-05/01/02--01080--027  
\*\*\*\*\*158.75 \*\*\*\*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
Janice Hill  
3290 E. Main St.  
Wauchula FL 33873**

TITLE  
NAME  
STREET ADDRESS  
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: **Janice Hill**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

CPA

Robin C. Weeks

CERTIFIED PUBLIC ACCOUNTANT

April 16, 2002

Division of Corporations  
Reinstatement Office  
P.O. Box 6327  
Tallahassee, FL 32314

Marquitta Williams:

As per our telephone conversation of April 16, 2002, I am mailing Hardee Car Company's Uniform Business Report directly to you. I appreciate you correcting the inactive status that was erroneously placed on Hardee Car. As in the past, Mrs. Hill requests the Certificate of Status.

Thanking you in advance

Jo Ann Wilson