

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000318

1. Entity Name

HARDY HOLDINGS, LLC, A PENNSYLVANIA L.L.C.

APPROVED
AND
FILED

00 MAY -2 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4121 WASHINGTON ROAD
MCMURRAY PA 15317

Mailing Address

4121 WASHINGTON ROAD
MCMURRAY PA 15317

2. Principal Place of Business

RT 519

3. Mailing Address

PO BOX 8484

Suite, Apt. #, etc.

PO BOX 8484

Suite, Apt. #, etc.

City & State

EIGHTY FOUR, PA

City & State

EIGHTY FOUR, PA

Zip

15384

Country

Zip

15384

Country

4. FEI Number

25-1811402

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR MAGERKO, MARGARET HARDY ☒ Delete
STREET ADDRESS 4121 WASHINGTON ROAD
CITY-ST-ZIP MCMURRAY PA 15317

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MHM IRREVOCABLE TRUST (6/30/97) ☐ Change ☒ Addition
STREET ADDRESS RT 519 PO BOX 8484
CITY-ST-ZIP EIGHTY FOUR, PA 15384-8484

TITLE NAME MHM (91 TRUST) ☐ Change ☒ Addition
STREET ADDRESS RT 519 PO BOX 8484
CITY-ST-ZIP EIGHTY FOUR, PA 15384-8484

TITLE NAME DAVID E. CARLSEN ☐ Change ☒ Addition
STREET ADDRESS RT 519 PO BOX 8484
CITY-ST-ZIP EIGHTY FOUR, PA 15384-8484

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 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:

David E. Carlsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/25/00

Date

724-228-8820

Daytime Phone #

CR2E083 (9/99)