

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90027 040 ***150.00

DOCUMENT # P00000045515

1. Entity Name

HARRY'S MAD HATTERS, INC.

Principal Place of Business

**3500 SW 85TH ST
 OCALA FL 34476**

Mailing Address

**3500 SW 85TH ST
 OCALA FL 34476**

2. Principal Place of Business

OCALA, FL

3. Mailing Address

3500 SW. 85TH ST

Suite, Apt. #, etc.

PRIVATE RES.

Suite, Apt. #, etc.

PRIVATE RES.

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-364-3410

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

Zip

34476

Country

MARION

Zip

34476

Country

MARION

6. Name and Address of Current Registered Agent

**SAKOWITZ, ALAN
 1111 KANE CONCOURSE, SUITE 401
 BAY HARBOR ISLANDS FL 33154-2042**

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

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, 2001 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

TITLE	D	☐ Delete
NAME	HENDRICKSON, HARRY	
STREET ADDRESS	3500 SW 85TH ST	
CITY-ST-ZIP	OCALA FL 34476	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 on Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harry S Hendrickson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2001 861-6596
 Date Daytime Phone #

CR2E034 (10/00)