

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099862

1. Entity Name
HARDWOOD HEAVEN, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90119 020 ***150.00

Principal Place of Business

440 SEAL AVE SW
PALM BAY FL 32908

Mailing Address

440 SEAL AVE SW
PALM BAY FL 32908

00052381

2. Principal Place of Business

4000 Old Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

440 Seal Ave. SW
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Malabar FL

City & State
Palm Bay, FL

4. FEI Number
59-3679630

Applied For
Not Applicable

Zip
32950 Country
USA

Zip
32908 Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCRARY, A. RENEE
440 SEAL AVE SW
PALM BAY FL 32908

Name
Same as #6

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRARY, A. RENEE 440 SEAL AVE SW PALM BAY FL 32908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: A. Renee Mccrary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 (321) 726-8761
Date Daytime Phone #

CR2E034 (10/00)