

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

0801236 AT

DOCUMENT # P01000002912

1. Entity Name
P. HART ENTERPRISE INC.

02-03-2002 90009 014 ***155.00

Principal Place of Business

**P O BOX 590
 SUMMERFIELD FL 34491**

Mailing Address

**P O BOX 590
 SUMMERFIELD FL 34491**

915487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

605 N.W. 53rd Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

4. FEI Number

59-3701794

Applied For

☒ Not Applicable

Zip

32609

Country

Alachua

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HART, PERRY W
 605 NW 53RD AVE, SUITE C-9
 GAINESVILLE FL 32609**

7. Name and Address of New Registered Agent

Name **Hart, Perry W**

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

605 N.W. 53rd Ave

Suite C-1

City

Gainesville,

FL

Zip Code **32609**

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, 2002 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 **P** ☐ Delete
 NAME **HART, PERRY W**
 STREET ADDRESS **P O BOX 590**
 CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE **ST** ☐ Delete
 NAME **JOHNSON, CYNTHIA L**
 STREET ADDRESS **P O BOX 590**
 CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 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

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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: **Cynthia L Johnson**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-02 (352) 245-7684

Date

Daytime Phone #

CR2E034 (9/01)