

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91034 005 ***150.00

DOCUMENT # P01000037090

1. Entity Name
HARDIE BOYS, INC.



Principal Place of Business
5491 NORTHWEST 15TH STREET
SUITE 30
MARGATE FL 33063

Mailing Address
5491 NORTHWEST 15TH STREET
SUITE 30
MARGATE FL 33063

2. Principal Place of Business
2649 NE 15th Avenue
Suite, Apt. #, etc.

3. Mailing Address
2649 NE 15th Avenue
Suite, Apt. #, etc.



☒ **CHECK HERE IF MAKING CHANGES**

City & State
Pompano Beach FL

City & State
Pompano Beach FL

4. FEI Number **65-1093252**

Applied For
Not Applicable

Zip
33064

Country

Zip
33064

Country

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ **Delete**
NAME **GUZMAN, DAVID A**
STREET ADDRESS **5491 NORTHWEST 15TH STREET, SUITE 30**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ **Change** ☐ **Addition**
TITLE
NAME **2649 NE 15th Avenue**
STREET ADDRESS **Pompano Beach FL 33064**
CITY-ST-ZIP

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ **Daytime Phone #** _____

CR2E034 (10/02)