

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90031 038 \*\*\*150.00

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**DOCUMENT # P01000039723**

1. Entity Name  
**HARTONA, INC.**

Principal Place of Business      Mailing Address  
**908 S. FLORIDA AVE., STE. 106**      **PO BOX 2784**  
**LAKELAND FL 33803**      **LAKELAND FL 33806**

**B0099112**



2. Principal Place of Business      3. Mailing Address  
**5900 Imperial Lakes Blvd**      **P.O. Box 7595**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
**Mulberry, FL**      **Lakeland, FL**

4. FEI Number      Applied For  
**59-3723949**      Not Applicable

Zip      Country      Zip      Country  
**33860-8670**      **Polk**      **33807-7595**      **Polk**

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**

**HARPER, ROBERT F IV**  
**908 S. FLORIDA AVE., STE. 106**  
**LAKELAND FL 33803**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5900 Imperial Lakes Blvd.**  
 City **Mulberry**      **FL**      Zip Code **33860-8670**

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

(Signature typed or printed name of registered agent and title if applicable.)

(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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPVS</b> <b>LATONA, RICHARD</b> <b>908 S. FLORIDA AVE., STE. 106</b> <b>LAKELAND FL 33803</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>HARPER, ROBERT F IV</b> <b>908 S. FLORIDA AVE., STE. 106</b> <b>LAKELAND FL 33803</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Change <input type="checkbox"/> Addition
<b>5900 Imperial Lakes Blvd.</b> <b>Mulberry, FL 33860-8670</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5900 Imperial Lakes Blvd.</b> <b>Mulberry, FL 33860-8670</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02 863 607-9500**

Date      Daytime Phone #

CR2E034 (9/01)