

2002 UNIFORM BUSINESS REPORT (UBR)

4/2.

FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90909 022 ***150.00

DOCUMENT # P01000063270

1. Entity Name
HART 2 HART INC

Principal Place of Business
1910 WELLS RD., C-18
ORANGE PARK FL 32073

Mailing Address
1910 WELLS RD., C-18
ORANGE PARK FL 32073

2. Principal Place of Business
1910 Wells Rd C-18

3. Mailing Address
Same

Suite, Apt. #, etc.
C-18

Suite, Apt. #, etc.

City & State
Orange Park, FL

City & State

Zip
32073

Zip

4. FEI Number
59-372-2449

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HARDASANI, KAMINI
1859 BLUE BONNET WAY
ORANGE PARK FL 32003

7. Name and Address of New Registered Agent
 Name **Poonam Hartley**
 Street Address (P.O. Box Number is Not Acceptable)
1910 Wells Rd C-18
 City **Orange Park** FL Zip Code **32073**

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 **Hartley**
 Signature, typed or printed name of registered agent and title if applicable.

DATE **3.25.02**

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 NAME STREET ADDRESS CITY-ST-ZIP | D HARTLEY, PAM 1859 BLUE BONNET WAY ORANGE PARK FL 32003 | <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"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| 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 |
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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:

Poonam Hartley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3.25.02** DAYTIME PHONE # **(904) 278-8188**

CR2E034 (9/01)