

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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 **3. Mailing Address**

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

City & State **City & State**

Zip **Country** Zip **Country**

4/1

**FILED
May 09, 2003 8:00 am
Secretary of State**

04-16-2003 90150 017 ***158.75

55039419



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3722449** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HARTLEY, POONAM
1910 WELLS RD C-18
ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent
Name **DAVID HARTLEY (President)**

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

SIGNATURE

Signature, type or printed name of registered agent and use 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**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE D V President Delete
NAME HARTLEY, PAM
STREET ADDRESS 1859 BLUE BONNET WAY
CITY-ST-ZIP ORANGE PARK FL 32003**

**TITLE President Change Addition
NAME DAVID HARTLEY
STREET ADDRESS 1859 Blue Bonnet way
CITY-ST-ZIP Orange Park, fl 32073**

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

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

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

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

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

**TITLE Change Addition
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**TITLE Delete
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CITY-ST-ZIP**

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

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

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

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: *S. Hartley* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-03

(904)278-8188

Date

Daytime Phone #

CR2E034 (10/02)