

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90211 012 ***150.00

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1. Entity Name
HARDEE TREE CORPORATION



Principal Place of Business
**6482 US HIGHWAY 41 NORTH
APOLLO BEACH FL 33572**

Mailing Address
**6482 US HIGHWAY 41 NORTH
APOLLO BEACH FL 33572**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-4210816

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EVANS, WAYNE C
1308 JUMANA LOOP
APOLLO BEACH FL 33572**

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
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P**
STREET ADDRESS **EVANS, WAYNE C**
CITY-ST-ZIP **1308 JUMANA LOOP**
APOLLO BEACH FL 33572

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VP**
STREET ADDRESS **HOUGHTLING, ROBERT**
CITY-ST-ZIP **1138 BLOOMHILL AVE.**
VALRICO FL 33594

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VP**
STREET ADDRESS **STANLEY, RANDALL C**
CITY-ST-ZIP **11606 WALKER VISTA DR.**
RIVERVIEW FL 33569

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VP**
STREET ADDRESS **COLLIER, JOHN L**
CITY-ST-ZIP **8421 ISLES WORTH CT., UNIT 14202**
SARASOTA FL 34243

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VP**
STREET ADDRESS **RAYSBROOK, JAMES A**
CITY-ST-ZIP **3205 US HIGHWAY 301 SOUTH**
RIVERVIEW FL 33569

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VP**
STREET ADDRESS **DOLLAWAY, TERRANCE**
CITY-ST-ZIP **6456 RUBIA CIRCLE**
APOLLO BEACH FL 33572

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:

Wayne C Evans
WAYNE C EVANS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 (813)649-0681

Date

Daytime Phone #

CR2E034 (10/02)