

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90107 041 ***150.00

DOCUMENT # P02000105513

1. Entity Name
HARTFORD BOILER AND CONSTRUCTION CO., INC.



Principal Place of Business
4227 COBBLESTONE CT.
ORLANDO FL 32810

Mailing Address
4227 COBBLESTONE CT.
ORLANDO FL 32810

2. Principal Place of Business

4227 COBBLESTONE CT.

3. Mailing Address

4227 COBBLESTONE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FLORIDA

City & State
ORLANDO, FLA

4. FEI Number
06-1652492

Applied For
Not Applicable

Zip
32810

Country
ORANGE

Zip
32810

Country
ORANGE

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

BUCHAN, SHARON D
4227 COBBLESTONE CT.
ORLANDO FL 32810

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 *Sharon D. Buchan*

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**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **BUCHAN, SHARON D**
STREET ADDRESS **4227 COBBLESTONE CT.**
CITY-ST-ZIP **ORLANDO FL 32810**

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

TITLE ☐ **Delete**
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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: *Sharon D. Buchan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-03 407-532-6487

Date

Daytime Phone #

CR2E034 (10/02)