## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 29, 2001 8:00 am Secretary of State **DOCUMENT # P18901** 1. Entity Name 05-29-2001 90005 050 \*\*\*550.00 HARDY BUILDING CORPORATION Principal Place of Business Mailing Address 4356 BONNEY RD. 4356 BONNEY RD. 660551 VIRGINIA BEACH VA 23452-1200 VIRGINIA BEACH VA 23452-1200 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 54-0936792 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City 8. The above named entity submits this statement for the purpose of changing its egistered 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) FILE NOW! ! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 20 1 Fee will be \$550.00 Trust Fund Contribution. Make Check Payat e to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition | TITLE PD ☐ Delete TITLE NAME HARDY, C.F. NAME STREET ADDRESS STREET ADDRESS 616 HOLLY GATE LN CITY-ST-ZIP CITY-ST-ZIP CHESAPEAKE VA ☐ Delete TITLE Change Addition TITLE NAME WHITE TERRY NAME 1545 DEY COVE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP virginia beach va Addition ☐ Delete TITLE Change TITLE HARDY, ELIZABETH NAME NAME STREET ADDRESS 616 HOLLY GATE LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHESAPEAKE VA Change Change Y/T/AS Addition TITLE TAS ☐ Delete TITLE FROST, DONNA L NAME NAME STREET ADDRESS STREET ADDRESS **4812 ALGONAC AVE** CITY-ST-ZIP CITY-ST-ZIP VIRGINIA BEACH VA Change ☐ Addition TITLE ☐ Delete TITLE 13205 SW BRD AVENUE ANDERSON, JOHN M NAME STREET ADDRESS STREET ADDRESS 2117 SW 86TH TERRACE CITY-ST-ZIP CITY-ST-7IP GAINESVILLE FL ☐ Change ☐ Delete Addition TITLE TITLE NAME THOMPSON, M., M. NAME STREET ADDRESS STREET ADDRESS 4621 BOXFORD RD CITY - ST- ZIP CITY-ST-ZIP VIRGINIA BEACH VA

13. I hereby certify that the information supplied with this filing does not qualify fr r 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 ny signature shall have the same legal effect as if made under oath; that I am an officer or director

SIGNATURE:

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

FILED

CR2E034 (10/00)