

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90132 005 ***158.75

DOCUMENT # P24075

1. Entity Name
HARGETT ENTERPRISES, INC.



Principal Place of Business
**2431 LOCUST CREEK DR.
EVANSVILLE IN 47720**

Mailing Address
**P.O. BOX 6730
EVANSVILLE IN 47719-0730
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **35-1726773**

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

**HARGETT, WAYNE S SR
1509 THE OAKS BLVD
KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent

Name **CT-Corporation-System**
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City **Plantation, FL** Zip Code **33324**

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 *Susan J. Metz* **Susan J. Metz** Assistant Secretary DATE **1/16/03**

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 NAME	VS HARGETT, WAYNE S	<input type="checkbox"/> Delete
STREET ADDRESS	1509 THE OAKS BLVD	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE NAME	PD HARGETT, DENNIS K	<input type="checkbox"/> Delete
STREET ADDRESS	2431 LOCUST CREEK DR.	
CITY-ST-ZIP	EVANSVILLE IN 47720	
TITLE NAME	AS WILSON, MOLLIE B	<input type="checkbox"/> Delete
STREET ADDRESS	2431 LOCUST CREEK DR.	
CITY-ST-ZIP	EVANSVILLE IN 47720	
TITLE NAME		<input type="checkbox"/> Delete
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TITLE NAME		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **[Signature]** DATE **1/16/03** 812-421-8212

CR2E034 (10/02)