2002 Uniform Business Report (UBR)

changed, or on an attachment with

SIGNATURE:

Mar 26, 2002 8:00 am § P94000010071 DOCUMENT # **Secretary of State** 1. Entity Name 03-26-2002 90095 044 ***150.00 HARD CHROME ENGINEERING, INC. Principal Place of Business Mailing Address 10155 ROCKET COURT 10155 ROCKET COURT 80051107 ORLANDO FL 32824 ORLANDO FL 32824 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FFI Number 59-3225745 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name READ JR., GEORGE B. Street Address (P.O. Box Number is Not Acceptable) 10155 ROCKET COURT ORLANDO FL 32824 City 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. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Taxilling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01 TITLE PTD ☐ Delete ☐ Change Addition TITLE NAME READ, RICHARD E. NAME 101 WYMORE RD., STE 225 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP ☐ Delete TITLE SD TITLE ☐ Change Addition NAME NAME READ, JOAN P. STREET ADDRESS 101 WYMORE RD., STE 225 STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP TIŤLĖ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete · Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 11 or Block 12 if