

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047311

1. Entity Name

HARDEN, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90119 001 ***300.00

Principal Place of Business

Mailing Address

~~1704 NORTH DONNELLY ST.~~
~~MOUNT DORA FL 32757~~

30817 EASTRIDGE TERRACE
SORRENTO FL 32776-9399
US

2. Principal Place of Business

3. Mailing Address

30817 Eastridge Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sorrento, FL

4. FEI Number

59-3251210

Applied For

Not Applicable

Zip

Country

Zip

Country

32776

USA

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

HARDEN, ALLEN J
30817 EASTRIDGE TERRACE
SORRENTO FL 32776

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-8-2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME HARDEN, ALLEN J
STREET ADDRESS 30817 EASTRIDGE TERRACE
CITY-ST-ZIP SORRENTO FL 32776

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Allen J Harden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-2000

Date

352-383-1235

Daytime Phone #