2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9400064299 BENJAMIN W. HARDIN, JR. & ASSOCIATES, P.A.					FILED Jan 25, 2002 8:00 am Secretary of State 01-25-2002 90005 031 ***150.00			
Principal Plac	ce of Business	Mailing Address						
3001 U.S. H LAKELAND F US		3001 US HWY 98 S LAKELAND FL 33803 US		į				
2. Principal Place of Business 3001 Bartow Road Suite, Apt. #, etc.		3. Mailing Address 3001 Bartow Road Suite, Apt. #, etc.		L	DO NOT WRITE IN THIS SPACE			
	land FL	Lakeland	FL.	4.	FEI Number 59-3263670		oplied For ot Applicable	
338 o	3 Country US	33803	Country	5.	Certificate of Status Desired [□ \$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent HARDÍN, BENJAMIN W JR				7. Name and Address of New Registered Agent Name				
3001 US HWY 98 SOUTH LAKELAND FL 33803			300	ot Address (P.O. Box Number is Not Acceptable) ON Bartow Road				
			City	tela	and		603	
SIGNATURE . B	e named entity submits this statement to	frest Lat graphicable Preside FILE NOW!!!	Registered Agent signatur 1 T E	e required when	1/15	DATE	00 May Be	
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		of State	ate Trust Fund Contribution. L Added to Fees			
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HARDIN, BENJAMIN W JR 3001 US HIGHWAY 98 SOUTH LAKELAND FL 33803	DIRECTORS Delete	CITY-ST-ZIP	Vice Murp 3001 Lake	Bartow Road land. FL 33803	Change	S IN 11 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Hardi 3001 Lakel	n Benjamin W. J Bartowo Road land, FL 33803	Change	Addition	
THTLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	

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 original proportions.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP