FILED
Jul 28, 2003 8:00 am
Secretary of State
07-28-2003 90158 002 ***150.00
07-28-2003 90158 001 ***400.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070905

1. Entity Name
HARTMANN CONSULTING GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4951 GULF SHORE BLVD.N.	4951 GULF SHORE BLVD.N.
Suite, Apt. #, etc.: STE. 1502	Suite, Apt. #, etc.: STE. 1502
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34103 Country: US	Zip: 34103 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0570977 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BAER, DAN E

Street Address (P.O. Box Number is Not Acceptable): 3777 TAMIAMI TRAIL N., SUITE 200

TRIANON CENTRE

City: NAPLES FL Zip Code: 34103

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: C.Hartmann n/a DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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:

TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	PT HARTMANN, ERNST J 4951 GULF SHORE BLVD., N. NAPLES, FL 34103
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	VPS HARTMANN, PATRICIA 4951 GULF SHORE BLVD., N. NAPLES, FL 34103
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: C.Hartmann 7/22/2003 ☐

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1