

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90089 009 \*\*\*150.00

**DOCUMENT # P95000025992**

**1. Entity Name**  
**HARDING INDUSTRIES INC.**



**Principal Place of Business**  
**908 FLAGLER DR**  
**FT. LAUDERDALE FL 33304**  
**US**

**Mailing Address**  
**908 FLAGLER DR**  
**FT. LAUDERDALE FL 33304**  
**US**

**90019591**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**4. FEI Number 65-0574489**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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**

**HARDING, DAVID B**  
**908 FLAGLER DR**  
**FT. LAUDERDALE FL 33304**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**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** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	PRES- SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, DAVID B JR		NAME	Harding, David B JR	
STREET ADDRESS	1921 NE 15 ST		STREET ADDRESS	1349 SW 1ST AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, ELSIE K		NAME		
STREET ADDRESS	8TH BRINY AVE APT 105		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL 33062		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, LYNN		NAME		
STREET ADDRESS	813 NE 23 DR 2		STREET ADDRESS		
CITY-ST-ZIP	WILTON MAHORS FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Vice Pres - Direct - TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, DAVID B SR		NAME	Harding, David B SR	
STREET ADDRESS	8 BRINY AVE APT 105		STREET ADDRESS	8 Briny Ave Apt 105	
CITY-ST-ZIP	POMPANO BEACH FL 33062		CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** David B. Harding SR **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 1-16-03 **Daytime Phone #** 954-764-0021

CR2E034 (10/02)