

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90031 029 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **295000054616**

1. Entity Name
E. P. HARTMAN Properties, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9600 Carousel Cr. So.
 Suite, Apt. #, etc.

3. Mailing Address
9600 Carousel Cr. So.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL
 Zip **33434** Country

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Boca Raton FL
 Zip **33434** Country

4. FEI Number
65-0600841
 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 **Edward P. Hartman**
 Street Address (P.O. Box Number is Not Acceptable)
9600 Carousel Cr. So.
 City **Boca Raton FL** Zip Code **33434**

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

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

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Hartman, Edward P. 9600 Carousel Cr. So. Boca Raton, FL 33434
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **Pros Edward P. Hartman, Pros.** 04/24/02 561-558-9940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)