

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000067212

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: HARDEE EQUIPMENT REPAIR, INC.

Current Principal Place of Business:

2390 HEARD BRIDGE RD
HEARD BRIDGE ROAD
WAUCHULA, FL 33873 US

New Principal Place of Business:

Current Mailing Address:

2390 HEARD BRIDGE RD
HEARD BRIDGE ROAD
WAUCHULA, FL 33873 US

New Mailing Address:

FEI Number: 65-0606086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, DAVID E
2390 HEARD BRIDGE RD
HEARD BRIDGE ROAD
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

WILSON, DAVID E
1661 PAULA DRIVE
WAUCHULA, FL 33873 US

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:

04/29/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, DAVID E
Address: 60 PAULA DRIVE
City-St-Zip: WAUCHULA, FL 33873

Title: ST () Delete
Name: WILSON, JO-ANN
Address: 60 PAULA DRIVE
City-St-Zip: WAUCHULA, FL 33873

Title: VP () Delete
Name: LANE, DOROTHY J
Address: 60 PAULA DRIVE
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILSON, DAVID E
Address: 1661 PAULA DRIVE
City-St-Zip: WAUCHULA, FL 33873

Title: ST (X) Change () Addition
Name: WILSON, JO-ANN
Address: 1661 PAULA DRIVE
City-St-Zip: WAUCHULA, FL 33873

Title: VP (X) Change () Addition
Name: LANE, DOROTHY J
Address: 1661 PAULA DRIVE
City-St-Zip: WAUCHULA, FL 33873

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO ANN WILSON

ST

04/29/2002

Electronic Signature of Signing Officer or Director

Date