2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91120 022 ***150.00

DOCUMENT # P96000101978 ✓

1. Entity Name

HARDY INVBSTMENT GROUP OF FLORIDA, INC.

Principal Place of Business | Mailing Address

C0058477

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2950 TEAL LANE		2950 TEAL LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CLEARWATER FL		City & State: CLEARWATER FL	
Zip: 33762	Country: USA	Zip: 33762	Country: USA.

4. FEI Number 59-3424000 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONE, CHRISTIE S ESQ.
~~126 21ST AVE NORTHEAST~~ 225 LOS PRADOS DR
~~ST. PETERSBURG FL 33704~~ SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

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.

↑ Address change only

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

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~HARDY~~, PETER J. 2950 TEAL LANE CLEARWATER FL 34622 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ZIP CHANGE ONLY To 33762
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARDY, PATRICIA K 2950 TEAL LANE CLEARWATER FL 34622 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ZIP change only To 33762
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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 other like empowered.

SIGNATURE: [signature] PETER J. Hardy 4/23/01 727-573-4347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #