2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700000810 1. Entity Name JEFF HARDING, INC.					FILED Feb 11, 2000 8:00 am Secretary of State		
Principal Plac		Mailing Address			02-11-2000 90021 0	/29 ***150.00)
3184 SANTA CI KISSIMMEE FL		3184 SANTA CRUZ DR. KISSIMMEE FL 34746-3558		}			
2. Principal Place of Business 824 w.PATIRITE St Suite, Apt. #, etc.		3. Mailing Address 824 W. PATRICK ST Suite, Apt. #, etc.		5+	DO NOT WRITE IN T	HIS SPACE	
City & Stat	mee Fl.	City & State . KiSSIMME	e F/	/ ·	4. FEI Number 59-3426194	1	oplied For ot Applicable
347	41 OSCEO/A	34741	Country OSCCO	1/4	5. Certificate of Status Desired	ree Require	
	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New Register	ed Agent	
1701 GRANDA BLVD.				ddress (P	P.O. Box Number is Not Acceptable)		
KISS	IMMEE FL 34746		City			FL Zip Cod	
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered office or	r registere	ed agent, or both, in the State of Florida.	<u> </u>	
SIGNATURE	Signature, typed or printed name of the distribution of the state of t	and title if applicable (NOTE: I	2003. Registered Agent signat	Je/	A HIARDING 2- when reinstating) DA	4-05	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After MAY 1, 2006 Make Check Payable		550.00	10. Election Campaign Financing Trust Fund Contribution.		May Be
11.	OFFICERS AND		12.	PR	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARDING, JEFF 3184 SANTA CRUZ DRIVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HA.	RDING, JEHR (GRANA dA BIUD	Change	☐ Addition
TITLE NAME STREET ADDRESS	KISSIMMEE FL 34746	☐ Delete	TITLE NAME STREET ADDRESS	_K/S	ssimmee, F1. 34741	☐ Change	Addition
CITY-ST-ZIP -	the second state of the second	The second second control of	CITY-ST-ZIP-	; £ 2	Company of the Compan		<u></u>
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Maddell
TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	
13. I hereby of indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address TURE:	true and accurate and that my	he exemption starts ignature shall his required by Cha	lave the sa	ction 119.07(3)(i), Florida Statutes. I further ame legal effect as if made under oath; the Florida Statutes; and that my name appearance.	at I am an officer	or director