

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000026849**

1. Entity Name

HARDY ENTERPRISES OF PENSACOLA, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90246 046 ***150.00

Principal Place of Business

**5900 FAIRVIEW DRIVE
PENSACOLA FL 32505**

Mailing Address

**5900 FAIRVIEW DRIVE
PENSACOLA FL 32505**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3453551**

Applied for
Not Applicable

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

HARDY, LEVERT

**5900 FAIRVIEW DRIVE
PENSACOLA FL 32505**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. The above named entity permits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of officer or director of registered agent and the filer (agent)

(NOTE: Registered Agent Signature not required when filing online)

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 \$180.00
After MAY 1, 2001 Fee will be \$350.00
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

TITLE	P	☐ Delete
NAME	HARDY, LEVERT	
STREET ADDRESS	5900 FAIRVIEW DR	
CITY-STATE-ZIP	PENSACOLA FL 32505	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 a person who is empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT
Z. L. HARDY, JR.

Date

Date

CH2E034 (10/00)