

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000103645**

1. Entity Name

HARTY LAND DEVELOPMENT, INC.

Principal Place of Business

~~205 N. INDUSTRIAL DRIVE, SUITE 1~~
ORANGE CITY FL 32763

Mailing Address

~~205 N. INDUSTRIAL DRIVE, SUITE 1~~
ORANGE CITY FL 32763

2. Principal Place of Business

924 E. Rhode Island Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 741674

Suite, Apt. #, etc.

City & State

Orange City, FL

City & State

Orange City, FL

Zip

32763

Country

Volusia

Zip

32774-1674

Country

Volusia

4. FEI Number

59-3489531

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HARTY, THADDEUS S
~~205 N. INDUSTRIAL DR~~
~~SUITE 1~~
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

Name

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

924 E. Rhode Island Ave

City

Orange City**FL**Zip Code
32763

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HARTY, THADDEUS S**
STREET ADDRESS ~~205 N. INDUSTRIAL DRIVE, SUITE 1~~
CITY-ST-ZIP **ORANGE CITY FL 32763**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **924 E. Rhode Island Ave.**
CITY-ST-ZIP **Orange City, FL 32763**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90047 003 ***150.00



DO NOT WRITE IN THIS SPACE

0051640

CR2E034 (10/00)