

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/27/00-90114-032-\$150.00-\$150.00

DOCUMENT # P97000106877

1. Entity Name

HARDY & CO., INC.

Principal Place of Business

Mailing Address

2 PROFESSIONAL CT.  
DESTIN FL 32541

P.O. BOX 185  
DESTIN FL 32540-0185

2. Principal Place of Business

3. Mailing Address

21 Professional Ct.  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Destin, FL  
Zip 32541

Country (Walton)

Zip

Country

4. FEI Number 59-3486037

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, BERT  
211-D MAIN ST.  
DESTIN FL 32541

Name Hardy Bert

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

21 Professional Court,  
City Destin FL Zip Code 32541

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)

1/14/00  
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, 2000 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

TITLE P  
NAME HARDY, BERT  
STREET ADDRESS P.O. BOX 185  
CITY-ST-ZIP DESTIN FL 32540 ☐ Delete

TITLE V  
NAME HARDY, STEPHEN  
STREET ADDRESS 211-D MAIN ST.  
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE ST  
NAME HARDY, SHARON  
STREET ADDRESS P.O. BOX 185  
CITY-ST-ZIP DESTIN FL 32540 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

1/14/00  
Date

850-837-8711  
Daytime Phone #

FILED

00 MAR -1 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE