FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 03, 2002 8:00 am Secretary of State P98000010642 DOCUMENT # 1. Entity Name 04-03-2002 90189 048 ***158.75 HARTLEY ENTERPRISES INC. Principal Place of Business Mailing Address 3170 DOWNING ST 3170 DOWNING ST **CLEARWATER FL 33759 CLEARWATER FL 33759** 2. Principal Place of Business 3. Mailing Address 1425 AMBASSAPOL 1425 AMBASSADOR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3511600 CLEMNATER Not Applicable LEKWATER \$8.75 Additional 5. Certificate of Status Desired 33764 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAKTLEY HARTLEY, JAMES -- L. = Street Address: (P.O. Box Number is Not Acceptable) 3170 DOWNING ST AMBASSANOL DE **CLEARWATER FL 33759** 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 (NOTE: Registered Agent signature required when reinstating) if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) Delete ☐ Change TITLE ☐ Addition TITLE NAME HARTLEY, JAMES NAME CR2E034 3170 DOWNING ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33759 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Addition TITLE ☐ Delete - ~ NAME NAME STREET ADDRESS STREET ADDRESS · CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.