

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90076 028 ***150.00

DOCUMENT # P98000074063

1. Entity Name

HARTWELL DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

3131 NW 13TH ST.
 SUITE 5
 GAINESVILLE FL 32609-2177

3131 NW 13TH ST.
 SUITE 5
 GAINESVILLE FL 32609-2177

2. Principal Place of Business

3. Mailing Address

1830 SW 44th Ave
 Suite, Apt. #, etc.

1830 SW 44th Ave
 Suite, Apt. #, etc.

City & State

City & State

GAINESVILLE, FL

GAINESVILLE, FL

Zip Country
32608-4062 USA

Zip Country
32608-4062 USA

4. FEI Number

59-3529588

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTWELL, LONALD D
1830 S.W. 44TH AVE
GAINESVILLE FL 32608

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TSD	HARTWELL, LONALD D	1830 S.W. 44TH AVE	GAINESVILLE FL 32608	<input type="checkbox"/>
VD	HARTWELL, DAVID M	25722 SW 18TH AVE.	NEWBERRY FL 32669	<input type="checkbox"/>
PD	HARTWELL, CHRISTOPHER A	9525 SW 75TH ST	GAINESVILLE FL 32608	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Lonald Hartwell (LONALD D. HARTWELL) 4/26/00 (852) 395-6632
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)