2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State P98000074063 DOCUMENT # 1. Entity Name HARTWELL DEVELOPMENT, INC. 04-11-2002 90026 013 ***150.00 Principal Place of Business Mailing Address 1830 SW 44TH AVE 1830 SW 44TH AVE GAINESVILLE FL 32608-4062 GAINESVILLE FL 32608-4062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3529588 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARTWELL, LONALD D Street Address (P.O. Box Number is Not Acceptable) 1830 S.W. 44TH AVE GAINESVILLE FL 32608 Zip Code City FL 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS □ Addition CR2E034 (9/01 TITLE ☐ Delete TITLE NAME HARTWELL, LONALD D NAME STREET ADDRESS 1830 S.W. 44TH AVE STREET ADDRESS GAINESVILLE FL 32608 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE HARTWELL, DAVID M NAME NAME STREET ADDRESS STREET ADDRESS 25722 SW 18TH AVE. CITY-ST-ZIP CITY-ST-ZIP NEWBERRY FL 32669 ☐ Change ☐ Addition - Delete TITLE HARTWELL, CHRISTOPHER A NAME NAME STREET ADDRESS STREET ADDRESS 9525 SW 75TH ST CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32608 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR