## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # P98000089372

1. Entity Name



## **FILED** Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90074 029 \*\*\*150.00

HARDEE LAND AND CATTLE COMPANY, INC.							
Principal Place of Business Mailing Address 3424 U.S. HWY 301 3424 U.S. HWY 301 ELLERTON FL 34222 ELLERTON FL 34222							
2. Principal Place of Business  /020 /0 F W W.  Suite, Apt. #, etc.	0 10 M W. 1020 10 M. W.			CHECK HERE IF MAKING CHANGES			
Par & State	Dity & State	FL.		4. FEI Number 65-0870299	<u> </u>	Applied For Not Applicable	
Zip Couptry 4.	7/14 12 1	Country	1	5. Certificate of Status Desired	\$8.75 / Fee Requ	Additional	
6. Name and Address of Curr	ent Registered Agent			7. Name and Address of New Registere	d Agent		
		Name					
E. BLAKE MELHUISH, P.A. 522 TWELFTH STREET WEST			Street Address (P.O. Box Number is Not Acceptable)				
BRADENTON FL 34205							
DRADENTON FL 34203		City	<del></del> -	F	Zip C	ode	
8. The above named entity submits this statement the obligations of registered agent.  SIGNATURE	the 12	ing its registered office				th, and accept	
Ignature, typed or printed name of registered	igent and title it applicable.	(NOTE: Registered Agent sig	adule reduires	when tension gy	<u> </u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State				Election Campaign Financing     Trust Fund Contribution.		6.00 May Be ded to Fees	
	AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 11	
TITLE PV NAME STEPHENS, JOHN STREET ADDRESS 3424 U.S. HWY 301	☐ Delete	<del></del>	s		☐ Chanç		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  ELLENTON FL 34222	☐ Deletr		s		☐ Chang	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	— Delet	NAME STREET ADDRES CITY-ST-ZIP	s		Chang	ge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delet	<del>-</del>	s		☐ Chan	ge Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

☐ Delete

Delete

Change

☐ Change

Addition

☐ Addition