

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90227 007 \*\*\*150.00

**DOCUMENT # P98000106683**

1. Entity Name

**HADT INVESTMENT GROUP, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**8156 LONGBAY BLVD.**

Suite, Apt. #, etc.

3. Mailing Address

**8156 LONGBAY BLVD**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**SARASOTA FL 34243**

City & State

**SARASOTA FL 34243**

4. FEI Number

**65-0884651**

Applied For

Not Applicable

Zip

**34243**

Country

**USA**

Zip

**34243**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**DAWN FITZGERALD**

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

**8156 LONGBAY BLVD.**

City

**SARASOTA**

FL

Zip Code

**34243**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Dawn Fitzgerald*

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**NAME change only**  
**2/11/03**

**January 1st Fee is \$150.00**

**After May 1st Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VPT**  
**DAWN FITZGERALD**  
**8156 LONGBAY BLVD.**  
**SARASOTA FL 34243**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PS**  
**PATRICIA E. BENATOVICH**  
**8152 LONGBAY BLVD.**  
**SARASOTA FL 34243**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dawn Fitzgerald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/11/03**

Daytime Phone #

**941-3749778**

CR2034B (12/02)