

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90047 035 \*\*\*150.00

**DOCUMENT # P99000021928**

**1. Entity Name**  
**ARDON GROUP, INC.**

**Principal Place of Business**

**1267 SW JANETTE AVE  
 PT ST LUCIE FL 34953**

**Mailing Address**

**1267 SW JANETTE AVE  
 PT ST LUCIE FL 34953**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**65-0895367**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**KING, GREGORY A  
 9812 SE HIGBORNE WAY  
 HOBE SOUND FL 33455**

**7. Name and Address of New Registered Agent**

Name

**Michael HODGINS**

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

**1267 SW JANETTE AVE**

City

**PT ST LUCIE**

FL

Zip Code

**34953**

**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**

**Michael Hodgins - PRESIDENT - Michael HODGINS**

**4-22-02**

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, 2002 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**

**TITLE P**  
**NAME HODGINS, MICHAEL**  
**STREET ADDRESS 1267 SW JANETTE AVE**  
**CITY-ST-ZIP PT ST LUCIE, FL 34953**



**TITLE V**  
**NAME KING, GREG**  
**STREET ADDRESS 9812 SE HIGBORNE WAY**  
**CITY-ST-ZIP HOBE SOUND FL 33455**



**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**



**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**



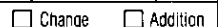
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**



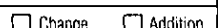
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**



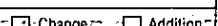
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**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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: Michael Hodgins - PRESIDENT - Michael HODGINS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**561-879-3957**

CR2E034 (9/01)