2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

Feb 28, 2002 8:00 am Secretary of State **DOCUMENT #** P99000029867 02-28-2002 90026 027 ***150.00 HARTLEY PURDY ARCHITECTURE, INC. Principal Place of Business Mailing Address 1207 NORTH HIMES AVE., SUITE 3 1207 NORTH HIMES AVE., SUITE 3 **TAMPA FL 33607 TAMPA FL 33607** 2. Principal Place of Business 3. Mailing Address 1711 North Himes Avenue North Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3568247 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDDY, ROBERT K Street Address (P.O. Box Number is Not Acceptable) 808 W. DE LEON STREET TAMPA FL 33606-2722 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) 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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/01) ☐ Addition Change TITLE ☐ Delete TITLE **PSD** NAME 1711 North Himes Avenue NAME HARTLEY, MARK STREET ADDRESS STREET ADDRESS 1207 NORTH HIMES AVE., SUITE 3 Tampa, FL 33607 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33607** ☐ Addition TITLE ☐ Delete TITLE **VPTD** NAME NAME PURDY, SCOTT 1711 North Himes Avenue STREET ADDRESS STREET ADDRESS 1207 NORTH HIMES AVE., SUITE 3 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33607** Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED