a 002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Aug 05, 2002 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P99000041909 1. Entity Name			08-05-2002 90007 011 ***550.00	
HARDWICK LAND COMPANY,	INC	V		
			972690	
DO NOT WRITE	IN THIS SF	ACE		
				•
2. Principal Place of Business 5472 FIRST COAST HWY	3. Mailing Address SAME AS 2			
Suite, Apt. #, etc. UNIT 13 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State AMELIA ISLAND, FL	City & State		4. FEI Number 59-3573935	Applied For Not Applicable
32034 Country	Zip 	Country		.75 Additional
Committee Commit			7. Name and Address of Current Registered A	gent
Name EDWARD C AKEL				
DO NOT W	VIIE	Street Address	(P.O. Box Number is Not Acceptable) PENDENT DRIVE, SUITE 2	201
IN THIS SP	ACE	i indis	ENDENT DRIVE, SUITE 2	301
		City		
		JACKSON	<u> VILLE FL 3</u>	ip Code 32202
8. The above named entity submits this statement	t for the purpose of chang	ing its registered office or i	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 reinstation). DATE				
	and a Company of the	May 1 Fee is \$150.00		DATE
This corporation is eligible to satisfy its Intangit Tax filing requirement and elects to do so. (See criteria on back)	After Ma	y 1, Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be Added to Fees
11. OFFICERS AND DI		able to Department of Sta	ate [222222
TITLE PRESIDENT		TITLE 1		
NAME JAMES O HARDWICE	K	NAME	是1966年7月4日,14年2月27日 - 14日日。 1	
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13. I hereby certify that the information supplied with	this filing does not qualify	for the exemption stated in	n Section 119 07(3)(i) Florida Statutas Laurbas	artify that the
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 of 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 on an attachment with an address, with all other like empowered.				
SIGNATURE: Tomas Hard will				
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davigne Phone #				

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