2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051543

HARDY MANAGEMENT SERVICES, INC.

Principal Place of Business
2829 SW 5TH ST

Mailing Address

2829 SW 5TH ST

FILED Mar 15, 2000 8:00 am Secretary of State

03-15-2000 90118 029 ***150.00

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2. Principal Place of Business			3. Malling Address							100 ///// / 100 /	
Suite, Apt.	#, etc.	 ; ·,	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State	\$ State			FEI Number		·	plied For		
Zip		Country	Zip	Coun	try	5. (65-6926861 Certificate of Status Desired	\$	8.75 Add	t Applicable litional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
	b. Name a	ina Adaress of Current i	Registered Agent		Name	/. <u>r</u>	Valle and Address of New Negl	stered Ag			
Turner, Othel											
5787 W SUNRISE BLVD					Street Address (P.O. Box Number is Not Acceptable)						
	NTATION FL		† †								
					City			FL	Zip Cod	e	
8. The above	named entity	submits this statement for	the purpose of changing its	s registere	ed office or regis	tered ag	ent, or both, in the State of Florida	l.			
. , , , , ,				J							
SIGNATURE .	Signature typed or	printed name of registered agent a	nd title if applicable (NO	F. Benistere	d Agent signature requ	urêd whên re	ainstating)	DATE			
											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000					10, Election Campaign Fil						
(See criteria on back)		Make Check Payable to Department of Sta				Trust Fund Contribution.	L	Aadeo	1 to Fees)		
11. OFFICERS AND DIRECTORS 12.				12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE	PTD		☐ D∈lete	TITLE				[Change	☐ Addition }	
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STREET ADDRESS CITY-ST-ZIP			; !		et address -St-Zip						
	eartify that the	information supplied with	this filing does not qualify for			Section	119 07(3)(i). Florida Statutes. I fur	ther certif	v that the i	nformation	

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 equition of the corporation or the receiver or trustee empowered to execute this report as equition of the corporation or the receiver or trustee empowered to execute this report as equition of the corporation or the receiver or trustee empowered to execute this report as equition of the corporation or the receiver or trustee empowered to execute this report as equition of the corporation or the receiver of trustee empowered to execute this report as equition of the corporation or the receiver of trustee empowered to execute this report as equition of the corporation or the receiver of trustee empowered to execute this report as execute this report as execute the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as execute the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as execute the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as execute the same legal effect as if made under oath; that I am an officer or director of the corporation of

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #