

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061168

1. Entity Name

WARREN HARDY INC

Principal Place of Business

Mailing Address

2210 SAILORS HAVEN COURT
BEVERLY HILLS FL 34465-4548

2210 SAILORS HAVEN COURT
BEVERLY HILLS FL 34465-4548

2. Principal Place of Business

5236 RIVERVIEW CIRCLE

3. Mailing Address

5236 RIVERVIEW CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMOSASSA FL

City & State

HOMOSASSA FL

Zip

34448

Country

U.S.A.

Zip

34448

Country

U.S.A.

4. FEI Number

59-3587381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDY, WARREN
2210 SAILORS HAVEN COURT
BEVERLY HILLS FL 34465-4548

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(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, 2001 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	PD	☐ Delete
NAME	HARDY, WARREN	
STREET ADDRESS	2210 SAILORS HAVEN COURT	
CITY-ST-ZIP	BEVERLY HILLS FL 34465-4548	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☒ Change ☐ Addition
NAME	HARDY, WARREN	
STREET ADDRESS	5236 RIVERVIEW CIRCLE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

WARREN HARDY

Date

1/4/01

Daytime Phone #

(352) 621-9798

CR2E034 (10/00)

0549887

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90073 026 ***150.00



DO NOT WRITE IN THIS SPACE