

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 13 AM 11:40

DOCUMENT # P99000064660

1. Entity Name
HARDHEADS, INC.



Principal Place of Business
6122 WEeping WILLOW WAY
TALLAHASSEE, FL 32311

Mailing Address
6122 WEeping WILLOW WAY
TALLAHASSEE, FL 32311

2. Principal Place of Business
2590 HY98 EAST

3. Mailing Address
2590 HY98 EAST

Suite, Apt. #, etc.
CARRABELLE

Suite, Apt. #, etc.
CARRABELLE

City & State
FLA

City & State
FLA

Zip Country
32322 USA

Zip Country
32322 USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3591458

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, KRISTI C
6122 WEeping WILLOW WAY
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent

Name: CHARLES BRANCH MAHAFFEY
Street Address (P.O. Box Number is Not Acceptable)
2590 HY98 EAST
City: CARRABELLE FL Zip Code: 32322

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

5-1303

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MAHAFFEY, CHARLES B	
STREET ADDRESS	34 GILCREASE LN	
CITY-ST-ZIP	QUINCY, FL 32361	
TITLE	V	<input type="checkbox"/> Delete
NAME	STRICKLAND, WILLIAM	
STREET ADDRESS	6122 WEeping WILLOW WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STRICKLAND, KRIS	
STREET ADDRESS	6122 WEeping WILLOW WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

500019100125
05/16/03--01012--006 **150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1303

CR2E034 (10/02)

5-13-03

TO WHOM IT MAY CONCERN,
I DID NOT RECEIVE ^{THE 2003} UBR BECAUSE
IT HAD THE WRONG ADDRESS.

THANK YOU

Bronk Mahaffey