

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000081496**

1. Entity Name

HARWARD INVESTMENTS, INC.**FILED****Mar 19, 2001 8:00 am**
Secretary of State

03-19-2001 90043 004 ***150.00

Principal Place of Business

3501 INGENUITY DRIVE
100
ORLANDO FL 32826
US

Mailing Address

P.O. BOX 910
WINTER PARK FL 32790

2. Principal Place of Business

13501 Ingenuity Drive

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3598093

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****WEATHERFORD, WILLIAM P. JR.**
1031 W. MORSE BLVD., SUITE 200
WINTER PARK FL 32789

Name

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

1031 W. Morse Blvd., Suite 105

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Delete
NAME **HARWARD, DENNIS J**
STREET ADDRESS **4645 ALBRITTON ROAD**
CITY-ST-ZIP **ST. CLOUD FL 34772**TITLE **V** ☒ Change ☐ Addition
NAME
STREET ADDRESS **4645 Albritton Road**
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HARWARD, JACK L**
STREET ADDRESS **1286 HILLSTREAM DRIVE**
CITY-ST-ZIP **GENEVA FL 32432**TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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:

Jack L Harward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/13/2001**

Date

Daytime Phone #

CR2E034 (10/00)