

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082155

1. Entity Name
HARDY ENTERPRISES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90184 007 ***150.00

Principal Place of Business
7686 PEBBLE CREEK CIRCLE
NAPLES FL 34108

Mailing Address
7686 PEBBLE CREEK CIRCLE
NAPLES FL 34108-6545

2. Principal Place of Business

138 SINCLAIR ST SW

3. Mailing Address

138 SINCLAIR ST SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE FL

4. FEI Number

59-3597989

Applied For

Not Applicable

Zip

33952

Country

USA

Zip

33952

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDY, ROBERT A JR
7686 PEBBLE CREEK CIRCLE
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name HARDY, ROBERT A

Street Address (P.O. Box Number is Not Acceptable)
138 SINCLAIR ST SW

City PORT CHARLOTTE

FL

Zip Code 33952

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, 2000 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 NAME
HARDY, ROBERT A JR
STREET ADDRESS
7686 PEBBLE CREEK CIRCLE
CITY-ST-ZIP
NAPLES FL 34108

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
138 SINCLAIR ST SW
PORT CHARLOTTE FL 33952

☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Robert Hardy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00 (941) 624-6595

Date

Daytime Phone #

CR2E034 (9/99)