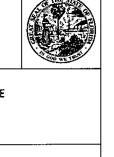
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000088079 **DOCUMENT #**

1. Entity Name

HART'S OLD COUNTRY STORE, INC.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90161 008 ***150.00

Principal Place of Business HARTS OLD COUNTRY STORE 4732 TARA VIEW RD LEESBURG FL 34748			HART: 4732	Mailing Address Harts OLD Country Store 4732 Tara View RD Leesburg FL 34748									
2. Principal P	lace of Busin	ess	3. Mai	3. Mailing Address				1 (0.01)(0.0)		I BBILL EBILL GUI		3010 1611 100 1	
Suite, Apt.	#, etc.	, , •	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State			4.	FEI Number	52-21975	95		oplied For ot Applicable	
Zip Country			Zip	Zip Count			5.	. Certificate o	of Status Desired				
6. Name and Address of Current Registered Agent							7.	Name and	Address of Ne	w Registere	d Agent		
LIANT IN	CANDE					Name			•				
HART, JOSANNE 4732 TARA VIEW ROAD							Street Address (P.O. Box Number is Not Acceptable)						
									<u></u>				
LEESBURG FL 34748											0		
						City	City FL Zip Code						
§. The above the obligat	named entity tions of regist	y submits this stater ered agent.	ment for the purp	ose of changing its	registere	d office or	registered a	agent, or both	n, in the State o	f Florida. 1 a	m familiar with,	and accept	
GIGNATURE .	Signature, typed	or printed name of register	ed agent and title if app	licable. (NOTI	E: Registered	Agent signate	ire required when	n reinstating)		DATI	E		
* **		! FEE IS \$150.0						7					
)3 Fee will be \$5						I	ction Campaigr at Fund Contrib	_		0 May Be	
Make Check Payable to Florida Department of State								lius	st Pund Contino	ution.	□ Accet	I to rees	
10. OFFICERS AND I				DIRECTORS 11.			P	DDITIONS/	CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 11	
TITLE	PSD 100	CANINE		☐ Delete	TITLE						Change	Addition	
NAME STREET ADDRESS	HART, JOS	A VIEW ROAD			NAME STREE	T ADDRESS							
CITY-ST-ZIP						CITY-ST-ZIP							
TITLE	VTD			☐ Delete	TITLE						☐ Change	☐ Addition	
NAME	HART, MA				NAME								
STREET ADDRESS				STF									
CITY-ST-ZIP	LEE2BOK	G FL 34748			_	ST-ZIP		±ic-	-			☐ Addition	
TITLE NAME	Ì			Delete -	NAME			- F-			☐ Change	Audillon	
STREET ADDRESS						T ADDRESS							
CITY-ST-ZIP					CITY-	ST-ZIP							
TITLE				☐ Delete	TITLE						Change	☐ Addition	
NAME					NAME								
STREET ADDRESS					1	ET ADDRESS ST-ZIP							
CITY-ST-ZIP											Change	☐ Addition	
TITLE NAME				☐ Delete	TITLE						L_1 Change		
STREET ADDRESS	[T ADDRESS							
CITY-ST-ZIP]				CITY-	ST-ZIP							
TITLE				☐ Delete	TITLE						Change	☐ Addition	
NAME					NAME						•		
·						T ADDRESS ST-ZIP							
CITY-ST-ZIP	1				GHT-	JI-ZIF						1	

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:

MAGNIANTE FMACKIFHART UP SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352) 315-8901