

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105779

1. Entity Name
HARDMAN-CLEVETT, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90057 021 ***550.00

Principal Place of Business
28630 CARRIAGE HOMES DR. UNIT 202
BONITA SPRINGS FL 34134

Mailing Address
P.O. BOX 1205
BONITA SPRINGS FL 34133

2. Principal Place of Business
14760 BLACK OLIVE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
PO Box 2301
Suite, Apt. #, etc.

City & State
FT MYERS, FL

City & State
BONITA SPRINGS, FL

Zip
33919

Country
USA

Zip
34133

Country
USA

4. FEI Number
65-0975418

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SCHUMANN, RAYMOND L
13141 MCGREGOR BLVD., STE. 9
FT. MYERS FL 33919

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HARDMAN, LUKE 28630 CARRIAGE HOMES DR. UNIT 202 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED LUKE HARDMAN 9-11-00 941-948-9008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)