

FILED  
Apr 02, 2002 8:00 am  
Secretary of State

04-02-2002 90110 020 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **548704** ✓  
1. Entity Name  
**HARDY ENTERPRISES OF PALM BEACH  
COUNTY, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1897 PALM BEACH LAKES BLVD</b>		3. Mailing Address <b>1897 PALM BEACH LAKES BLVD</b>	
Suite, Apt. #, etc. <b>#226</b>		Suite, Apt. #, etc. <b>#226</b>	
City & State <b>WEST PALM BCH, FL</b>		City & State <b>WEST PALM BCH, FL</b>	
Zip <b>33409</b>	Country	Zip <b>33409</b>	Country

**80056781**  
DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0261276</b>		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City <b>FL</b>	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 renewing)) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>WINFRED C. HARDEMAN 129 TURNBERRY DRIVE ATLANTIS, FL 33462</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Winfred C. Hardeman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E0348 (12/01)