2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2000 8:00 am Secretary of State **DOCUMENT # \$96302** 1. Entity Name THE HADLEY GROUP, INC. 04-27-2000 90089 028 ***150.00 Principal Place of Business Mailing Address 72ND ST F PO BOX 20745 DCIGRUUA BRADENTON FL 34204-0745 FL 34203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0300564 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HADLEY, ROBERT Street Address (P.O. Box Number is Not Acceptable) 4708 SPINNAKER DR SARASOTA FL 34208 Zip Code City F١ 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSD** ☐ Change ☐ Addition ☐ Delete TITLE TITLE HADLEY, ROBERT V. NAME NAME 4708 SPINNAKER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF SARASOTA FL 34208 ☐ Delete TIT! F ☐ Change TITLE HADLEY, MARGARET M. NAME NAME 4708 SPINNAKER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P SARASOTA FL 34208 ___ Change ☐ Addition ~□ Delete * *-TITLE -DDENAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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

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SIGNATURE:

CITY-ST-ZIP

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