## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 17, 2003 8:00 am Secretary of State V52547 DOCUMENT # 03-17-2003 90476 010 \*\*\*150.00 1. Entity Name HARDY SERVICES, INC. Mailing Address Principal Place of Business P O BOX 244 N/A 5620 GULF OF MEXICO DR LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 IIS 3. Mailing Address P.O. Box 244 2. Principal Place of Business Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0348892 City & State Not Applicable Longboat Key, \$8.75 Additional Country 5. Certificate of Status Desired Country 3 4 2 2 8 Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUSAN BARRETT HECKER Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVE. HARDY, BOBBY 8604 11TH AVE NW **BRADENTON FL 34209** SARASOTA 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. I am familiar with, and accept the obligations of registered agent. DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) ne of registered agent and title if applicable. Signature, typed or printed ha FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing Added to Fees After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition DPS XXChange TITLE Delete TITLE HARDY, BOBBY M. NAME HARDY, BOBBY M. NAME STREET ADDRESS 8604 11TH AVE NW STREET ADDRESS CITY-ST-ZIF BRADENTON FL 34209 CITY-ST-ZIP ☐ Change Addition Delete TITLE HARDY, MELODY K. NAME STREET ADDRESS STREET ADDRESS 8604 11TH AVE NW CITY-ST-ZIE **BRADENTON FL 34209** CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME HARDY, J. GREGORY STREET ADDRESS STREET ADDRESS 1207 37TH ST N CITY-ST-ZIP **BRADENTON FL 34207** CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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. CITY-ST-7iP

**FILED**