

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 690104

1. Entity Name  
HART CORPORATION/FLORIDA DIVISION

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90101 036 \*\*\*150.00

Principal Place of Business      Mailing Address  
900 JAYMOR RD      900 JAYMOR RD  
SOUTHAMPTON PA 18966      SOUTHAMPTON PA 18966-3820



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number **23-2193368**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**MIERS, MILEY**  
**ROUTE 7, BOX 815A**  
**TALLAHASSEE FL 32317**

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	STD	<input type="checkbox"/> Delete
NAME	DECARLO, DEBRA J	
STREET ADDRESS	900 JAYMOR RD	
CITY-ST-ZIP	SOUTHAMPTON PA 18966	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HART, KENIN B	
STREET ADDRESS	900 JAYMOR RD	
CITY-ST-ZIP	SOUTHAMPTON PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	MIERS, MILEY	
STREET ADDRESS	RT 7, BOX 815A	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD HOWARD ASHER, EXECUTOR OF ESTATE OF B. KENIN HART	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900 JAYMOR ROAD	
STREET ADDRESS	SOUTHAMPTON, PA 18966	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Debra J DeCarlo      4-17-00      315-322-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #