FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE:

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # P00000116526 1. Entity Name 04-17-2002 90146 043 ***150.00 HADLEY ENTERPRISES OF TAMPA BAY, INC. Principal Place of Business Mailing Address U 0 0 0 - -12307 LANGSHAW 12307 LANGSHAW THONOTOSASSA FL 33592 THONOTOSASSA FL 33592 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 59-3687047 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 HADLEY, ALVIN J Street Address (P.O. Box Number is Not Acceptable) 12307 LANGSHAW THONOTOSASSA FL 33592 City 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 reinstating) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (Seè criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) TITLE Delete TITLE □ Change Addition HADLEY, ALVIN J NAME NAME 12307 LANGSHAW STREET ADDRESS STREET ADDRESS THONOTOSASSA FL 33592 CITY-ST-ZIP CITY-ST-ZIP TITLE STD ☐ Delete TITLE Change Addition NAME HADLEY, RENITA J NAME STREET ADDRESS 12307 LANGSHAW STREET ADDRESS THONOTOSASSA FL 33592 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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