2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State
02-21-2001 90025 002 ***150.00

DOCUMENT # L70319

1. Entity Name
HARBORSIDE PROPERTY MANAGEMENT, INC.

B0016999

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3285-A PLACIDA RD PELICAN PLAZA ENGLEWOOD FL 34224 US	3285-A PLACIDA RD PELICAN PLAZA ENGLEWOOD FL 34224 US

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 65-0186183 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUHT, WILLIAM O
3285-A PLACIDA RD
PELICAN PLAZA
ENGLEWOOD FL 34224

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PVD GUHT, WILLIAM O. 3285-A PLACIDA RD ENGLEWOOD FL 34224	☐ Delete	President William O. Guht 2419 Herron Ter Pt. Charlotte, FL 33981	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LAWLOR, DEBRA A 2419 HERRON TERRACE PORT CHARLOTTE FL 33981	☐ Delete	Vice President, Secretary, Treasurer Debra A. Lawlor 2419 Herron Ter Pt. Charlotte, FL 33981	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Vice President mark w. shoemaker 13100 McCall Rd #189 Port Charlotte, FL 33981	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ 2/14/01 941-697-7077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #