P07000095105

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
·
·

Office Use Only



100138720631

12/15/08--01024--005 **35.00

DIVISION OF CORPORATIONS

RA ROICHS 10/14/08

COVER LETTER

Division of Corporations
SUBJECT: HARVEY ENGINEERING INC. (Name of Corporation)
DOCUMENT NUMBER: P6700095165
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GARY HARVEY
(Name of Contact Person)
HARVEY ENGINEERING INC (Firm/Company)
25081 BERNWOOD DR, #3 (Address)
BONITA SPRINGS, R 34135 (City/State and Zip Code)
For further information concerning this matter, please call:
GARY HREVEY (Name of Contact Person) at (239) 437.9222 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the pro- statement of change	is submitted	l for a corporati	on organized w	nder the laws (of the State of _	FLORIOR	
1. The name of the o	_	egistered office HARI			•		
2. The principal offi	ce address:_	25061	BERNW	oon Du	2, #3		
		BONITA			34135		
3. The mailing addre							
4. Date of incorpora	tion/qualific	ation: <u>05/2</u>	3/2007	Document nun	nber: <u>P 07</u>	00009516.	5
5. The name and str Florida Departme				nd registered o	ffice on file wi	th the	
	ROXAI	rn No	LTON			_	
		SHIRLET		# 204			
•	Naph	35,FL	34109			-	
6. The name and str (if changed):				hanged) and /c	r registered of	– fice	
	<u>G</u>	try L	HARVEY				SINIO
	2508	BERNA (P.O. Box NO	1000 DA	2, #3		-)8 Qf	SION
<u> </u>	BONI	TA SPE	ZINGS, F	2 341	35	08 DEC 15	OF CO
The street address as changed will be	of its registe identical.	red office and t	he street addre	ss of the busin	ness office of i		OF STA
Such change was a authorized by the b	uthorized by	resolution dul corporation ha	y adopted by it s been notified	s board of dir in writing of	ectors or by ar the change.	officer so	TIONS
(Signature &	Fan officer or di	rector)		G KPY H	or typed name and	PREIDOUT	
I hereby accept the I further agree to c of my duties, and I document is being corporation has be	appointmen omply with am familian filed marely en notified i	ntas registered the provisions of with and accept to reflect a cha n writing of thi	agent and agro of all statutes ro ot the obligation inge in the regi s change.	ee to act in the elative to the p n of my positi stered office o	is capacity. proper and cor on as registere address, I here	mplete performanced agent. Or, if this by confirm that the	e s ?
(Signati	ire of Registered	Agent)			12/12/	08	
If signing on behal	ŭ				()		
GARY	HAR	_ _					
(Type	d or Printed Nan	ne)	-				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *