

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90829 048 \*\*\*150.00

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**DOCUMENT # P02000034096**

1. Entity Name  
**HARNESS SOLUTIONS, INC.**



Principal Place of Business  
**3003 TERRAMAR STREET, SUITE 1701  
FT. LAUDERDALE FL 33304**

Mailing Address  
**3003 TERRAMAR STREET, SUITE 1701  
FT. LAUDERDALE FL 33304**



2. Principal Place of Business

**854 MONTGOMERY AVE**

3. Mailing Address

**854 MONTGOMERY AVE**

Suite, Apt. #, etc.

**2ND FLOOR**

Suite, Apt. #, etc.

**2ND FLOOR**

☐ CHECK HERE IF MAKING CHANGES

City & State

**NARBERTH PA**

City & State

**NARBERTH PA**

4. FEI Number

**23-7950335**

Applied For

Not Applicable

Zip

**19072**

Country

**USA**

Zip

**19072**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GARDNER, ANNETTE  
3003 TERRAMAR STREET, SUITE 1701  
FT. LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name

**JULIA M. MUECH**

Street Address (P.O. Box Number is Not Acceptable)

**854 MONTGOMERY AVE**

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. I am familiar with, and accept the obligations of registered agent.

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**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GARDNER, ANNETTE  
3003 TERRAMAR STREET, SUITE 1701  
FT. LAUDERDALE FL 33304**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
JULIA MUECH  
854 MONTGOMERY AVE  
NARBERTH, PA 19072**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 empowerments.

SIGNATURE:

**S. J. MUECH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/09/03 215-432-7575**  
Date Daytime Phone #

CR2E034 (10/02)