


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90191 008 \*\*\*150.00

DOCUMENT # **371196**  
1. Entity Name  
**HARTE CENTER TWO, INC**



**DO NOT WRITE IN THIS SPACE**

49043053

2. Principal Place of Business  
**104 Windward Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.

City & State  
**Palm Beach Gardens, Fl.**

City & State  
**Palm Beach Gardens, Fl.**

Zip  
**33418**

Country  
**U.S.A.**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**13 2692 885**

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Ann B. Harte**

Street Address (P.O. Box Number is Not Acceptable)  
**Harte Center Two, Inc.**

City  
**104 Windward Drive**

City  
**Palm Beach Gardens**

State  
**FL**

Zip Code  
**33418**

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 date of acceptance

DATE

January 1, 2004 Fee is \$150.00  
April 1, 2004 Fee is \$200.00  
August 1, 2004 Fee is \$250.00  
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  
**President**

NAME  
**Ann B. Harte**

STREET ADDRESS  
**104 Windward Dr.**

CITY- ST- ZIP  
**Palm Beach Gardens, FL 33418**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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NAME

STREET ADDRESS

CITY- ST- ZIP

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12. I hereby certify that the information supplied with this form 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 by me. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Ann B. Harte ANN B HARTE PRES 4/29/04 561 776-6161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Business Phone