

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 380251

1. Entity Name

HARBOR ENTERPRISES, INCORPORATED

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90118 044 ***150.00

Principal Place of Business

510 10TH AVE SOUTH
SAFETY HARBOR FL 34695

Mailing Address

510 10TH AVE SOUTH
SAFETY HARBOR FLA 34695-3820

2. Principal Place of Business

510 10TH AVE SOUTH

Suite, Apt. #, etc.

3. Mailing Address

1610 VALENCIA DR W.

Suite, Apt. #, etc.

City & State

SAFETY HARBOR FL.

Zip

34595

Country

USA

City & State

LARGO, FL.

Zip

33778

Country

USA

4. FEI Number

59-1319249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HICKS, JAMES L
1610 VALENCIA DR W
LARGO FL 34648

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

James L Hicks JAMES L HICKS SR

1-9-00

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, 2000 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

TITLE PD
NAME HICKS, JAMES L
STREET ADDRESS 1610 VALENCIA DR.W.
CITY-ST-ZIP LARGO FL ☐ Delete

TITLE VS
NAME HICKS, JANET R
STREET ADDRESS 1610 VALENCIA DR.W.
CITY-ST-ZIP LARGO FL ☐ Delete

TITLE SD
NAME HICKS, JANET R.
STREET ADDRESS 1610 VALENCIA DR. W.
CITY-ST-ZIP LARGO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

James L Hicks JAMES L HICKS SR

Date

1-9-00

Daytime Phone #

727 5842874