

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 29 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A01000000509**

1. Entity Name  
**HARBOR INVESTMENT, LTD.**

Principal Place of Business <b>6823 VISTA PARKWAY NORTH WEST PALM BEACH FL 33411</b>	Mailing Address <b>6823 VISTA PARKWAY NORTH WEST PALM BEACH FL 33411</b>
---	---



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

**DUE BY MAY 1, 2002**

City & State	City & State	4. FEI Number <b>65-1094626</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**HEINE, CHRIS  
6823 VISTA PARKWAY NORTH  
WEST PALM BEACH FL 33411**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$5,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
--	---	--

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P00000103016 C.H. CONSULTING, INC. 6823 VISTA PARKWAY NORTH WEST PALM BEACH FL 33411</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>SASSO, EDWARD A 8818 S.E. RIVERFRONT TERRACE TEQUESTA FL 33469</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<b>000005502940--9 -05/10/02--01056--010 ***141.25 ***141.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *Chris Heine* **Chris Heine, Pres. - CH Consulting, Inc.**

U11/03 A1

CR2E003 (9/01)