

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001300

Entity Name
HARP HOLDINGS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 9:24

Principal Place of Business
12808 U.S. HIGHWAY 19 NORTH
HUDSON FL 34667

Mailing Address
12808 U.S. HIGHWAY 19 NORTH
HUDSON FL 34667-1958



Principal Place of Business
Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

City & State

City & State

Zip **Country**

Zip **Country**

4. FEI Number 59-3515625

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MAHONEY, EDWARD F
12808 U.S. HIGHWAY 19 NORTH
HUDSON FL 34667

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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. (NOTE: Registered Agent signature required when reinstating)

Capital Contributions as Shown on record. \$25,000.00

10. Amount of Capital Contributions in FLORIDA to date. 25,000.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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.

| GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|-----------------------------|-----------------------------|--------------------------|-----------------------|
| DOCUMENT # | P98000046076 | STREET ADDRESS | |
| NAME | HARP HOLDINGS, INC. | CITY - ST - ZIP | |
| STREET ADDRESS | 12808 U.S. HIGHWAY 19 NORTH | STREET ADDRESS | mf 312100 |
| CITY - ST - ZIP | HUDSON FL 34667 | CITY - ST - ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | STREET ADDRESS | 4000003179084--S |
| CITY - ST - ZIP | | CITY - ST - ZIP | -03/22/00--01010--009 |
| DOCUMENT # | | STREET ADDRESS | ****263.75 ****263.75 |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |

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: x **SIGNATURE REQUIRED** **3/5/00** **(727) 819 1900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

1004 VCR2E003 (9/99)