

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002564**

1. Entity Name

HARBOR STORAGE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 20 PM 1:25

Principal Place of Business

**1105 WYLIE ROAD
WEST CHESTER PA 19382**

Mailing Address

**1105 WYLIE ROAD
WEST CHESTER PA 19382**

2. Principal Place of Business

5697 US Highway 1

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Vero Beach, FL

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip
32962

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLOCK, SAMUEL A
2127 10TH AVENUE
VERO BEACH FL 32960**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L98000002713**
NAME **H.S. ASSOCIATES OF VERO BEACH, L.C.**
STREET ADDRESS **1105 WYLIE ROAD**
CITY-ST-ZIP **WEST CHESTER PA 19382**

STREET ADDRESS

CITY-ST-ZIP

9000003349279--5
-08/08/00--01059--004
*****158.75 ***158.75**

DOCUMENT #
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CITY-ST-ZIP

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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Richard W. Patton, 7/13/2000

610-918-1100

Date

Daytime Phone #

CR2E003 (5/00)