

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002564

1. Entity Name

HARBOR STORAGE, LTD.

FILED

02 MAY -3 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5697 US HIGHWAY 1
VERO BEACH FL 32962

Mailing Address

5697 US HIGHWAY 1
VERO BEACH FL 32962

2. Principal Place of Business

5665 US HIGHWAY 1

3. Mailing Address

5665 US HIGHWAY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

23-3004201

Applied For

Not Applicable

Zip

Country

32967

USA

Zip

Country

32967

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

DATE

9. Capital Contributions
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$10,000.00

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200005692762--5

STREET ADDRESS

CITY-ST-ZIP

06/05/02-01059-010
***158.75 ***158.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Richard W. Patton, Jr.

4/30/02

610-918-1100

Date

Daytime Phone #

CR2E003 (9/01)

0008843 AT