

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2003 8:00 am
Secretary of State

07-15-2003 90021 018 ***150.00

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DOCUMENT # F01000001486

1. Entity Name
HARRISON COERVER & ASSOCIATES, INC.



Principal Place of Business
**361 TARPON AVENUE
BOCA GRANDE FL 33921**

Mailing Address
**PO BOX 1341
BOCA GRANDE FL 33921**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **48-1142222**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COERVER, HARRISON
361 TARPON AVENUE
BOCA GRANDE FL 33921**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCS** ☐ Delete
NAME **COERVER, HARRISON**
STREET ADDRESS **361 TARPON AVENUE**
CITY-ST-ZIP **BOCA GRANDE FL 33921**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-03

Date

941-964-5842

Daytime Phone #

CR2E034 (10/02)

Attachment
90143034
FO1000001486
HARRISON COERVER & ASSOCIATES
ASSOCIATION MANAGEMENT CONSULTANTS

July 8, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:


The 2003 For Profit Corporation Uniform Business Report was not received until this month due to delays in mail forwarding to my temporary address.

I did not receive any prior UBR notice requesting a report prior to the May 1st deadline.

My application for reinstatement is enclosed along with the fee to file of \$150.00 for a for-profit corporation.

Thank you for your attention to this matter. Please call me at 941.964.5842 if you have any questions.

Sincerely,


Harrison Coerver
President and Secretary