Aug-17-00 09:16A
Aug-14-00 09:45A Raymond James Financial 95475529: 8/8/00-90007-01

FILED
Sep 07, 2000 8:00 am
Secretary of State

08-08-2000 90007 012 ***150.00
09-07-2000 90058 009 ***400.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F06774

1. Entity Name
HARBOUR FINANCIAL CORPORATION

Principal Place of Business
3111 UNIVERSITY DR #532
1050
CORAL SPGS FL 33065
US

Mailing Address
3111 UNIVERSITY DR #532
1050
CORAL SPGS FL 33065
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2056264 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LYTLE, MARSHALL B II
3111 UNIVERSITY DRIVE
STE. 1050
CORAL SPGS FL 33065

7. Name and Address of New Registered Agent
Name: MARY JANE LYTLE
Street Address (P.O. Box Number is Not Acceptable): 3095 EQUESTRIAN DRIVE
City: BOCA RATON FL FL Zip Code 33434

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 X [signature] Date
(NOTE: Registered agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS $350.00
After SEPTEMBER 15, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LYTLE, MARSHALL B II 3111 UNIVERSITY DR. #1050 CORAL SPGS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDS PRES. LYTLE, MARY JANE 3111 UNIVERSITY DR. #1050 CORAL SPGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] REQUIRED MARY JANE LYTLE Date Daytime Phone #