2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F21331 OCUMENT#

. Entity Name

HARBOUR RIDGE, INC.



FILED Jan 22, 2003 8:00 am Secretary of State 01-22-2003 90044 013 ***150.00

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Principal Place of Business 1025 SW MARTIN DOWNS BLVD			Mailing Address 1025 SW MARTIN DOWNS BLVD									
#205 PALM CITY FL 34990 US 2. Principal Place of Business			#205 PALM CITY FL 34990 US 3. Mailing Address									
Suite, Apt.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & Stat	te	City & S				4. FEI Number 59-2124757			pplied For lot Applicable			
Zip Country			Zip			Country		5. Certificate of Status Desired		\$8.75 Ac Fee Requir		
	6. Name an	Registered Agent				7. Name and Address of New Registered Agent						
SCHULER	R, JACK C.				Name							
1025 SW	MARTIN DOW				Street Address (P.O. Box Number is Not Acceptable)						-	
SUITE 20: PALM CIT	o 'Y FL 34990				City		FL Zip Code			de	-	
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	tions of registere		me purpose	or changing its	registere	a onice or ref	gistered	agent, or both, in the State of Fig	ırıda. Tarn	ramılar with	, апо ассері	
SIGNATURE .	Signature, typed or p	rinted name of registered agent ar	nd title if applicabl	e. (NOTE	: Registered	d Agent signature re	equired wh	nen 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 Fin Trust Fund Contribution			00 May Be d to Fees	1
10.		DIRECTORS 11.					ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	25 IN 11	-	
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NAME STREET ADDRESS CITY-ST-ZIP DODGE, JOHN B 1025 SW MARTIN DOWNS BLVD PALM CITY FL 34990			#205			ET ADDRESS					·	CR2E034 (10/02)
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LZ. I nereny o	rectify inatifie in	rormation elimbled with t	DIE HUNG GOO	e not auglity tor	IDO OYON	notion stated	in Section	on TIM D7COM Florida Statutes I	TURBLE CO	mity that the i	mormation	

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 Statules; 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:

Witte QUIRJack C. Schuler

Date