

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006958

1. Entity Name

HARBOR WEAR OF FLORIDA, INC.

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90047 029 ***150.00

A0033872



DO NOT WRITE IN THIS SPACE

Principal Place of Business
108 MICHIGAN AVE.
CHARLEVOIX MI 49720

Mailing Address
108 MICHIGAN AVE.
CHARLEVOIX MI 49720-1803

2. Principal Place of Business
RAILROAD PLAZA

3. Mailing Address

Suite, Apt. #, etc.

City & State
BOCA GRANDE, FL

City & State

4. FEI Number 38-3440170
Applied For
Not Applicable

Zip 33921-9999 Country USA

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

ROBERTSON, USA
4742 ST. MARC COURT
FERNANDINA BEACH FL 32034

Name
ROD ROBERTSON
Street Address (P.O. Box Number is Not Acceptable)
2047 TARPON WAY
ENGLEWOOD, FL 34224
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 *Rod*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 CP
NAME ROBERTSON, RODERIC J
STREET ADDRESS 11459 REYNOLDS ST.
CITY-ST-ZIP EMPIRE MI 49638 ☐ Delete

TITLE
NAME ROD ROBERTSON
STREET ADDRESS 2047 TARPON WAY
CITY-ST-ZIP ENGLEWOOD, FL 34224 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Rod*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00 (941) 964 2913
Date Daytime Phone #