

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90205 032 \*\*\*150.00

00000000  
AV

**DOCUMENT # G12029**

1. Entity Name

**HARBOUR ISLAND REALTY OF ST. AUGUSTINE, INC.**



Principal Place of Business

**93 ORANGE ST**

**SUITE A**

**ST AUGUSTINE FL 32084**

**US**

Mailing Address

**P.O. DRAWER 70**

**ST AUGUSTINE FL 32085**

**US**

2. Principal Place of Business

**1301 PLANTATION ISLAND DR.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 206B**

Suite, Apt. #, etc.

City & State

**ST. AUGUSTINE, FL**

City & State

4. FEI Number

**59-3007585**

Applic For

Not Applicable

Zip  
**32080**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PAUL J. THOMPSON**

**206 PELICAN REEF DR**

**ST AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name

**PAUL J. THOMPSON**

Street Address (P.O. Box Number is Not Acceptable)

**83 COMARES AVENUE, #7-A**

City

**ST. AUGUSTINE,**

**FL**

Zip Code  
**32080**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PTD** ☐ Delete  
**PAUL J. THOMPSON**  
**83 COMARES AVE UNIT 7-A**  
**ST. AUGUSTINE FL 32080**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VSD** ☐ Delete  
**PIERRE D. THOMPSON**  
**206 PELICAN REEF DR.**  
**ST. AUGUSTINE FL 32080**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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**

**PAUL J. THOMPSON**

**904-471-4800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)