

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 17, 2000 8:00 am**
Secretary of State

03-17-2000 90025 027 ***150.00

00039024



DO NOT WRITE IN THIS SPACE

DOCUMENT # K33277**1. Entity Name**
HARBOR ROCK CORP.**Principal Place of Business****Mailing Address**C/O LARRY C RABUN, DELOITTE & TOUCHE
555 12TH STREET, SUITE 500
WASHINGTON DC 20004-1207C/O LARRY C RABUN, DELOITTE & TOUCHE
555 12TH STREET, SUITE 500
WASHINGTON DC 20004-1200**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 65-0072908

Applied For

Not Applicable

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**BIGGS, DEAN
537 DATE PALM DR.
LAKE PARK FL 33403Name
David VoellStreet Address (P.O. Box Number is Not Acceptable)
5230 SW 101st StreetCity
Coral GablesFL Zip Code
33156**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**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	VOELL, RICHARD A	25 PILOT ROCK LANE	RIVERSIDE CT 06878	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard A. Voell RICHARD A. VOELL 3/5/2000 637-8423 (203)