

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90052 036 ***150.00

DOCUMENT # K83662

1. Entity Name
NEW HARBOR, INC.

Principal Place of Business
% MICHAEL A. SCHROEDER
1705 S FEDERAL HWY
DELRAY BCH FL 33483
US

Mailing Address
1705 S. FEDERAL HWY
A-3
DELRAY BEACH FL 33483
US

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 **65-0124853**

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

BONITATIBUS, PETER N
1515 NORTH FEDERAL HWY
SUITE 222
BOCA RATON FL 33432

Name **BONITATIBUS + Co. P.A.**
 Street Address (P.O. Box Number is Not Acceptable) **1300 N. FEDERAL HWY.**
SUITE 202
 City **BOCA RATON** **FL** Zip Code **33432**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **RUSSELL, MORGAN N**
 STREET ADDRESS **4545 COQUINA ROAD**
 CITY-ST-ZIP **OCEAN RIDGE FL**

TITLE **RUSSELL, MORGAN N** ☒ Change ☐ Addition
 NAME **170 NE 2ND AVENUE**
 STREET ADDRESS **DELRAY BEACH FL 33444**
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **MACCARTEE, CARL C.**
 STREET ADDRESS **5137 VAN NESS ST. NW**
 CITY-ST-ZIP **WASHINGTON DC**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Morgan Russell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02
 Date

561-391-1411
 Daytime Phone #

CR2E034 (9/01)