2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 25, 2001 8:00 am **DOCUMENT # K85758 Secretary of State** 1. Entity Name HARPER & HARPER REALTY, INC. 01-25-2001 90162 043 ***158.75 Principal Place of Business Mailing Address 9600 S ROOSEVELT BLVD 3930 S ROOSEVELT BLVD KEY WEST FL 33040 N-107 KEY WEST FL 33040 2. Principal Place of Business 3685 SEA 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For lity & State City & State 4. FEI Number 65-0118257 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 3**68**5 HARPER, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 3930 S. ROOSEVELT BLVD. N107 KEY WEST FL 33040 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Delete ☐ Change Addition TITLE TITLE HARPER, WILLIAM NAME NAME 3930 S ROOSEVELT BLVD N-107 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP KEY WEST FL ☐ Delete TITLE TITLE ☐ Change ☐ Addition HARPER, WILLIAM NAME NAME 3930 S ROOSEVELT BLVD N-107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL ☐ Change . ☐ Addition TITLE ☐ Delete TITLE TOMASIN, HARPER NAME NAME STREET ADDRESS 3930 S ROOSEVELT BLVD N-107 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KEY WEST FL** TITI F ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.