

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90095 006 ***158.75

DOCUMENT # **K 85758**

1. Entity Name

HAPER & HARDER REALTY, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3685 SEASIDE DR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY WEST FLA.

City & State

Zip

33040

Country

USA

Country

4. FEI Number

65-0118257

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

William M. HARPER

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

1026 JAMES ST

City

Key West

FL

Zip Code

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

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)

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**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DIRECTOR**
NAME **HARPER, THOMASINE S.**
STREET ADDRESS **3685 SEASIDE DR. #2**
CITY-ST-ZIP **KEY WEST, FL. 33040**

TITLE **DIRECTOR**
NAME **HARPER, WILLIAM**
STREET ADDRESS **3685 SEASIDE DR. #2**
CITY-ST-ZIP **KEY WEST, FL. 33040**

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IN THIS SPACE**

CR2E034B (12/01)

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 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 #

March 13, 2002 **305 246-3672**