

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007556

1. Entity Name  
HARSU INVESTMENTS, L.L.C.

FILED

01 JAN 19 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

916 ST LUCIE CRESCENT  
STUART FL 34994

Mailing Address

916 ST LUCIE CRESCENT  
STUART FL 34994

2. Principal Place of Business

3514 SW Armellum Ave.

3. Mailing Address

PO Box 101

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt #1

City & State

Palm City, FL

City & State

Palm City, FL

Zip

34990

Country

USA

Zip

34991

Country

USA

4. FEI Number

65-1032634

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, JAMES S

800 SE MONTEREY COMMONS BLVD

SUITE 200

STUART FL 34994

7. Name and Address of New Registered Agent

Name

Suzan Lowery

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

916 St. Lucie Crescent

City

Stuart

FL

Zip Code

34994

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 Suzan Lowery

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

Suzan Lowery, President

(NOTE: Registered Agent signature required when reinstating)

1/15/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM  
STREET ADDRESS LOWERY, SUZAN  
CITY-ST-ZIP P.O. BOX 101  
PALM CITY FL 34991 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Suzan Lowery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/15/01

Date

(561) 287-4076

Daytime Phone #

CR2E083 (11/00)