

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90580 048 \*\*\*\*50.00

DOCUMENT # L01000005326

1. Entity Name

HARBORSIDE, L.L.C.

Principal Place of Business

400 FRANDORSON CIRCLE  
 SUITE 204  
 APOLLO BEACH FL 33572

Mailing Address

400 FRANDORSON CIRCLE  
 SUITE 204  
 APOLLO BEACH FL 33572

2. Principal Place of Business

1003 Apollo Beach Blvd.

Suite, Apt. #, etc.

Apollo Beach, FL 33572

City &amp; State

Apollo Beach, FL

Zip

33572

Country

USA

3. Mailing Address

1003 Apollo Beach Blvd.

Suite, Apt. #, etc.

Apollo Beach, FL 33572

City &amp; State

Apollo Beach, FL

Zip

33572

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3746017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLDSWORTH, JOHN W  
 400 FRANDORSON CIRCLE  
 SUITE 204  
 APOLLO BEACH FL 33572

7. Name and Address of New Registered Agent

Name John W. Holdsworth

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

930 Allegro Lane

City

Apollo Beach

FL

Zip Code

33572

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
 Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE John W. Holdsworth - managing member ☐ Delete  
 NAME 930 Allegro Lane  
 STREET ADDRESS Apollo Beach, FL 33572  
 CITY-ST-ZIP

TITLE member ☐ Delete  
 NAME Dr + Mrs. Sewa Joshi  
 STREET ADDRESS 1007 Apollo Beach Blvd. #3  
 CITY-ST-ZIP Apollo Bch. FL 33572 member

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

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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: John W. Holdsworth

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4-18-02 813-645-0146

CR2E083 (9/01)