

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

4/2

04-28-2003 90092 028 ****50.00

DOCUMENT # L02000011828

1. Entity Name

HARCOURT ESTATES, LLC



Principal Place of Business

**5817 PIERCE DR. NORTHEAST
ST. PETERSBURG FL 33703**

Mailing Address

**5817 PIERCE DR. NORTHEAST
ST. PETERSBURG FL 33703**

44002905

2. Principal Place of Business

**8501 Riverside Dr NE
Suite, Apt. #, etc.**

3. Mailing Address

**8501 Riverside Dr NE
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

75-3069462

Applied For

☐ Not Applicable

Zip

33702

Country

PI

Zip

33702

Country

PI

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MONROSE, NINA G.
5200 CENTRAL AVE.
ST. PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

**MANAGER
NIX, JOSEPH E
8501 Riverside Dr NE
St. Petersburg, FL 33702**

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

4/24/03

727 687-0555

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

Date

Daytime Phone #

CR2E083 (10/02)