

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
 03-26-2001 90049 032 ***150.00

DOCUMENT # L64345

1. Entity Name
HARVEST ONE RESOURCES, INC.

Principal Place of Business

Mailing Address

~~420 NE 30 STREET~~
~~#111~~
~~BOCA RATON FL 33431~~
~~US~~

~~420 NE 30 STREET~~
~~#111~~
~~BOCA RATON FL 33431~~
~~US~~

2. Principal Place of Business

3. Mailing Address

437 S. Pine street

1828 Dinner Lake Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebring, FL

City & State

Sebring, FL

4. FEI Number **65-0201163**

Applied For

Not Applicable

Zip **33870**

Country

U.S.A.

Zip **33870**

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYKIN, DAVID C.

Name

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

1828 Dinner Lake Dr.

City

Sebring

FL

Zip Code

33870

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 **David C. Boykin**

(NOTE: Registered Agent signature required when reinstating)

3/21/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DPT**
 STREET ADDRESS **BOYKIN, DAVID**
 CITY-ST-ZIP **420 NE 30 STREET**
BOCA RATON FL 33431

TITLE ☒ Change ☐ Addition
 NAME **1828 Dinner Lake Dr.**
 STREET ADDRESS **Sebring, FL 33870**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DVS**
 STREET ADDRESS **BOYKIN, MARY S.**
 CITY-ST-ZIP **420 NE 30 STREET**
BOCA RATON FL

TITLE ☒ Change ☐ Addition
 NAME **1828 Dinner Lake Dr.**
 STREET ADDRESS **Sebring, FL 33870**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE: **David C. Boykin** **David C. Boykin, Pres.** **3/21/01** **863-471-6100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)