

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90382 043 ****50.00

DOCUMENT # L97000000623

1. Entity Name

HARBOR HOLDINGS, L.C.

Principal Place of Business

1711 WORTHINGTON RD #202
 WEST PALM BEACH FL 33409

Mailing Address

1711 WORTHINGTON RD #202
 WEST PALM BEACH FL 33409

2. Principal Place of Business

1601 BELVEDERE RD

3. Mailing Address

← Same as 2

Suite, Apt. #, etc.

504E

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

← Same as 2

Zip

33406

Country

USA

Zip

← Same as 2

Country

← Same as 2

4. FEI Number

65-0760144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MILLER, JAMES F
1711 WORTHINGTON RD #202
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name **Same as 2**

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **KIMBLE, ANITA Z**
 STREET ADDRESS **1711 WORTHINGTON RD #202**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **MGRM** ☐ Delete
 NAME **MILLER, JAMES F**
 STREET ADDRESS **1711 WORTHINGTON RD #202**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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 ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1601 BELVEDERE RD 504E**
 CITY-ST-ZIP **WEST PALM Bch FL 33406**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1601 BELVEDERE RD 504E**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Change ☐ Addition
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 NAME
 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/18/02 5616878997

CR2E083 (9/01)