

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90077 013 ****61.25

DOCUMENT # N01000007887

1. Entity Name

END TIME HARVEST A.G. INC.



Principal Place of Business

**1200 COMMON WEALTH CIR. UNIT H-103
NAPLES FL 34116**

Mailing Address

**1200 COMMON WEALTH CIR. UNIT H-103
NAPLES FL 34116**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

4500 17th Ave SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples, FL

Zip

Country

Zip

Country

34116 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0600266**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MENDEZ, STEVEN
1200 COMMON WEALTH CIR. UNIT H-103
NAPLES FL 34116**

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **MENDEZ, STEVEN D**
STREET ADDRESS **1200 COMMON WEALTH CIR. UNIT H-103**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE **ST** ☐ Delete
NAME **MENDEZ, ARLENE**
STREET ADDRESS **1200 COMMON WEALTH CIR. UNIT H-103**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE **TT** ☐ Delete
NAME **PARDO, TOMAS**
STREET ADDRESS **1200 COMMON WEALTH CIR. UNIT H-103**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4500 17th Ave SW**
CITY-ST-ZIP **Naples, FL 34116**

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

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

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

CR2E037 (10/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven Mendez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-2003 **3042128**