

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90060 037 ****61.25

DOCUMENT # N94000001670

1. Entity Name

HIDDEN HARBOR P.O.A. OF CHARLOTTE, INC.

Principal Place of Business

1625 W. MARION AVE.
SUITE 2
PUNTA GORDA FL 33950

Mailing Address

19465 LAUZON AVE
PORT CHARLOTTE FL 33948
US

2. Principal Place of Business

3. Mailing Address

19465 LAUZON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

09-3545879

Applied For

Not Applicable

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

MOORE, JAMES E III
1625 W. MARION AVE.
SUITE 2
PUNTA GORDA FL 33950

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVP
NAME HEVIA, JESUS
STREET ADDRESS 19441 LAUZON AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33948 ☒ Delete

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

TITLE DST
NAME HEVIA, REGINA
STREET ADDRESS 19441 LAUZON AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33948 ☒ Delete

TITLE DT
NAME Valerie Selley
STREET ADDRESS 19411 Lauzon Ave
CITY-ST-ZIP Port Charlotte, FL 33948 ☒ Change ☐ Addition

TITLE DP
NAME MENENDEZ, TARA
STREET ADDRESS 19431 LAUZON AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33948 ☒ Delete

TITLE DP
NAME Anthony Menendez
STREET ADDRESS 19431 Lauzon Ave
CITY-ST-ZIP Port Charlotte, FL 33948 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DS
NAME Jacalyn Staten
STREET ADDRESS 19401 Lauzon Ave
CITY-ST-ZIP Port Charlotte, FL 33948 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01

941-255-1450

Date

Daytime Phone #

CR2E037 (10/00)