

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003802

1. Entity Name

HARMBE PROPERTIES AND MANAGEMENT SERVICES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90063 004 ****61.25

Principal Place of Business	Mailing Address
5045 SOUTEL DRIVE JACKSONVILLE FL 32208	P.O. BOX 9216 JACKSONVILLE FL 32208

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3252763	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KINSEY, CALVIN D 2591 W. BEAVER ST. JACKSONVILLE FL 32254	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KINSEY, CALVIN D 1656 W. EDGEWATER AVE. Edgewater Ave. JACKSONVILLE FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D HALFORD, NAOMI 319 W. 17TH STREET JACKSONVILLE FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D KINSEY, CARRIE B 2501 W. BEAVER ST. JACKSONVILLE FL 32254 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	KINSEY, CARRIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12754 MUIRFIELD BLVD. N. Jax, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T AUSTIN, GREGORY 8888 AGRIDGE DR. JACKSONVILLE FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AUSTIN, GREGORY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12755 ROCKFORD LANE Jax, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: CARRIE KINSEY **REQUIRED** 5/1/00 (904) 768-2030
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)