

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90108 003 ****70.00

DOCUMENT # N94000003802

1. Entity Name
HARMBE PROPERTIES AND MANAGEMENT SERVICES, INC.



Principal Place of Business

**5045 SOUTEL DRIVE
JACKSONVILLE FL 32208**

Mailing Address

**P.O. BOX 9216
JACKSONVILLE FL 32208**

90014498

2. Principal Place of Business

2591 W. Beaver St

3. Mailing Address

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville, FL

City & State

4. FEI Number **59-3252763**

Applied For

Not Applicable

Zip

Country

32254

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KINSEY, CALVIN D
2591 W. BEAVER ST.
JACKSONVILLE FL 32254**

7. Name and Address of New Registered Agent

Name **Carrie B. Kinsey**
Street Address (P.O. Box Number is Not Acceptable)

**12754 Muirfield Blvd. N.
City Jacksonville FL Zip Code 32225**

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

Carrie B. Kinsey, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan. 27, 03

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 **PD** ☒ Delete
NAME **KINSEY, CALVIN D**
STREET ADDRESS **1656 EDGEWOOD AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **V/D** ☐ Delete
NAME **HALFORD, NAOMI**
STREET ADDRESS **319 W. 17TH STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **S/D** ☒ Delete
NAME **KINSEY, CARRIE B**
STREET ADDRESS **2591 W. BEAVER ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE **T** ☐ Delete
NAME **AUSTIN, GREGORY**
STREET ADDRESS **12255 ROCHFORD LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

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 **Carrie B. Kinsey** ☒ Change ☐ Addition
NAME **12754 Muirfield Blvd. N.**
STREET ADDRESS **Jacksonville, FL 32225**
CITY-ST-ZIP

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

TITLE **Antoinette Nelson** ☒ Change ☐ Addition
NAME **646 Cherry Park Dr. N**
STREET ADDRESS **Jacksonville, FL 32218**
CITY-ST-ZIP

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

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:

Antoinette Nelson **Antoinette Nelson 1/27/03 (904) 387-5475**

CR2E037 (10/02)