## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 20, 2002 8:00 am Secretary of State P0000004804 **DOCUMENT #** 1. Entity Name 05-20-2002 90115 049 \*\*\*150.00 HARLEY'S PROPERTY MAINTENANCE. INC. Mailing Address Principal Place of Business 28300 SW-147TH AVENUE #F8 28300 SW 147TH AVENUE #F8 HOMESTEAD FL 39033 HOMESTEAD FL 33033 3. Mailing Address 2. Principal Place of Business AVENUE N.E. 100 100 N.E. 6 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Lot Lot Applied For City & State City & State 4. FEI Number 65-0973010 Not Applicable HOMESTEAD Honestead \$8.75 Additional Country 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SFLE HARLEY-G Street Address (P.O. Box Number is Not Acceptable) 28300-SW-147TH AVENUE #F8 HOMESTEAD FL 33033-8. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 g. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. TITLE PD ☐ Delete TITLE NAME SELF. HARLEY G NAME 100 N.E. 6 AVE, L 719 28300 SW 147TH AVENUE #F8 STREET ADDRESS STREET ADDRESS HOMESTEAD, FL 33030 CITY-ST-ZIP HOMESTEAD FL 33033 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TÍTI F ☐ Delete TITLE NAME --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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

SELF PRESIDENT 04/25/2002 (186) SIGNATURE:

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an Address, with all other like empowered.