

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90205 027 ***550.00

0603017 AV

DOCUMENT # P00000037601

1. Entity Name

HARBOR FLORIDA FINANCIAL SERVICES, INC.



Principal Place of Business
100 SOUTH SECOND STREET
FORT PIERCE FL 34950

Mailing Address
100 SOUTH SECOND STREET
FORT PIERCE FL 34950

JUL 10 2003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1014550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FEE, FRANK H III
401 S. INDIAN RIVE DRIVE
PORT PIERCE FL 34950

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ROBERTS, J H
100 S SECOND STREET
FORT PIERCE FL 34950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Roberts, J. Hal - Chairman
100 S. Second Street
Fort Pierce, FL 34950 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
PRUITT, AILEEN M
100 S SECOND STREET
FORT PIERCE FL 34950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pruitt, Aileen M - President
100 S. Second Street
Fort Pierce, FL 34950 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
BEBBER, DON
100 S SECOND STREET
FORT PIERCE FL 34950 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V. Chairman
Bevan, Todd V. President/Treasurer
100 S. Second Street
Fort Pierce, FL 34950 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
SANTIUSTE, TONI
100 S SECOND STREET
FORT PIERCE FL 34950 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Wills, Brad - Vice President
100 S. Second Street
Fort Pierce, FL 34950 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Wright, Leslie Director
100 S. Second Street
Fort Pierce, FL 34950 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Beever, Heidi L. - Corp. Secretary
100 S. Second Street
Fort Pierce, FL 34950 ☐ 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 607, 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

BRAD WILLS 4/28/03

Date

Daytime Phone #

772-464-7115

CR2E034 (10/02)