

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045605

1. Entity Name
HARVEY'S HOUSE, INC. OF SOUTHWEST FLORIDAFILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90050 002 ***158.75

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| Principal Place of Business 1514 SW 52 TERRACE CAPE CORAL FL 33914 | Mailing Address 1514 SW 52 TERRACE CAPE CORAL FL 33914 |
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|--------------------------------|---|
| 2. Principal Place of Business | 3. Mailing Address 13249 Winsford Lane |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|-------------------------------------|----------------|
| City & State Fort Myers, Florida | |
| Zip | Country USA |

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| 6. Name and Address of Current Registered Agent WILLIAMS, ANITA L 13249 WINSFORD LANE FT MYERS FL 33912 |
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| 4. FEI Number 65-1002976 | Applied For |
| | Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|----|-------------------|
| 7. Name and Address of New Registered Agent Name Bob Eeller Street Address (P.O. Box Number is Not Acceptable) 13249 Winsford Lane | | |
| City Fort Myers | FL | Zip Code 33912 |

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 Robert E. Geller Robert E. Geller VP 4/28/01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|--|---|
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P Anita L. Williams 13249 Winsford Lane Fort Myers, FL 33912 | <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 | D/P/V/S/T Robert E. Geller 13249 Winsford Lane Fort Myers, FL 33912 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert E. Geller Robert E. Geller 4/28/01 (941) 571-5471
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #