2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000048515 DOCUMENT

1. Entity Name

NEW HARBOR OF TAMPA, INC.



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90058 044 ***150.00

			SOO WE TO		
Principal Place of Business 6704 MAYBOLE PLACE TEMPLE TERRACE FL 33617		Mailing Address 6704 MAYBOLE PLACE TEMPLE TERRACE FL		7 140/10 47 (d) 80 /11 20 (11 20 (Ol (Did) bijor ijada diji dari
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING C	PHANGES
City & State		City & State		4. FEI Number 59-3646540 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired S	Not Applicable 8.75 Additional
-	6. Name and Address of Cu	Print Registered Agent		Fe	e Required
		The state of the s	Name	7. Name and Address of New Registered Age	ent
	SONG-MING			200 /P.O. Pay Number in New Assessment	
6704 MAYBOLE PLACE TEMPLE TERRACE FL 33617			Ollege Addre	ess (P.O. Box Number is Not Acceptable)	
•			City	FL	Zip Code
8. The above	e named entity submits this statem	ent for the purpose of changing it	D speigtered office and		
the obliga	ations of registered agent.	ional or the purpose of changing to	s registered office or regi	stered agent, or both, in the State of Florida. I am fam	iliar with, and accept
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating) DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550 k Payable to Florida Departme	0.00		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.		AND DIRECTORS			
TITLE	D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 11
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATIONE RECTSONS FMING SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 985-1095