

2001 UNIFORM BUSINESS REPORT (JBR)

FILED
Jul 23, 2001 8:00 am
Secretary of State

07-23-2001 90001 011 ***550.00

0101683 AV

DOCUMENT # P00000051459

1. Entity Name
HARBORSIDE AUTO SALES, INC.

Principal Place of Business
**4125 RIDGEMOOR DRIVE NORTH
 PALM HARBOR FL 34685**

Mailing Address
**4125 RIDGEMOOR DRIVE NORTH
 PALM HARBOR FL 34685**

A0078840



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1890 N Hercules

3. Mailing Address

Suite, Apt. #, etc.
Unit A

Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State

4. FEI Number
59-3646245

Applied For
 Not Applicable

Zip
33765

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional
 Fes Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUNT, ROBERT W
 4125 RIDGEMOOR DRIVE NORTH
 PALM HARBOR FL 34685**

Name

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

City

FL

Zip Code

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

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)

**FILE NOW!!! FEE \$ 550.00
 After September 12, 2001 fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PVST
 NAME
HUNT, ROBERT W Delete
 STREET ADDRESS
4125 RIDGEMOOR DRIVE NORTH
 CITY-ST-ZIP
PALM HARBOR FL 34685

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
HUNT, ROBERT W
 STREET ADDRESS
4125 RIDGEMOOR DRIVE NORTH
 CITY-ST-ZIP
PALM HARBOR FL 34685

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-01
 Date

Daytime Phone #

CR2E034 (5/01)