

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 13, 2002 8:00 am
Secretary of State

06-13-2002 90384 009 ***150.00

DOCUMENT # PO0000051459
1. Entity Name
Harborside Auto Sales, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1890 N Hercules</u> Suite, Apt. #, etc. <u>A</u> City & State <u>Clearwater FL</u>		3. Mailing Address <u>4125 Ridgemoor Dr N</u> Suite, Apt. #, etc. City & State <u>Palm Harbor FL</u>	
Zip <u>34685</u>	Country <u>Pinellas</u>	Zip <u>34685</u>	Country <u>Pinellas</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3646245</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Robert Hunt</u>
Street Address (P.O. Box Number is Not Acceptable) <u>4125 Ridgemoor Dr N</u>
City <u>Palm Harbor</u> FL Zip Code <u>34685</u>

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 Hunt Pres DATE 6-10-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE <u>President</u>	NAME <u>Robert Hunt</u>	TITLE	NAME
STREET ADDRESS <u>4125 Ridgemoor Dr N</u>	CITY-ST-ZIP <u>Palm Harbor FL 34685</u>	STREET ADDRESS	CITY-ST-ZIP
TITLE <u>Vice President</u>	NAME <u>SANORA Hunt</u>	TITLE	NAME
STREET ADDRESS <u>4125 Ridgemoor Dr N</u>	CITY-ST-ZIP <u>Palm Harbor FL 34685</u>	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Hunt Robert Hunt President 6-10-02 (727) 458-2511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)