

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90064 024 ***150.00

DOCUMENT # P00000084326

1. Entity Name

BEE HARBOR, INC.

Principal Place of Business

**4849 S E 110TH STREET
SUITE 53
BELLEVUE FL 34420**

Mailing Address

**4849 S E 110TH STREET
SUITE 53
BELLEVUE FL 34420**

2. Principal Place of Business

4849 SE 110th SUITE 53

Suite, Apt. #, etc.

53

City & State

Belleview FL.

Zip

34420

Country

USA.

3. Mailing Address

4849 SE 110th SUITE 53

Suite, Apt. #, etc.

53

City & State

Belleview FL.

Zip

34420

Country

USA.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3670337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARBOR, CAROL
8569 S W 45TH ST RD
OCALA FL 34481**

7. Name and Address of New Registered Agent

Name

KURT DODGE

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

6530 S. PINE MEADOW AVE.

HOMOSASSA, FL. 34446

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

Kurt Dodge President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/2002

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARBOR, CAROL	
STREET ADDRESS	8569 S W 45TH ST RD	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input type="checkbox"/> Delete
NAME	DODGE, KURT	
STREET ADDRESS	6530 S. PINE MEADOW AVENUE	
CITY-ST-ZIP	HOMOSASSA FL 34446	President
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kurt Dodge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KURT L. DODGE

Date

4/9/2002

Daytime Phone #

352-245-9955

CR2E034 (9/01)