## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_\_\_\_

## FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # 700000084908  1. Entity Name  HARBLE DEPOT INC.				05-13-2002 9009	6 025 ***150.00
	O NOT WRITE				
2. Principal Place of Business  None At this time 3355 Green  Suite, Apt. #, etc.  Business Temp. Closed  3. Mailing Address 3355 Green  Suite, Apt. #, etc.			n Acres Ro	DO NOT WRITE IN THIS SI	
City & State		St. (1000)	) F(_	4. FEI Number 59-3669848	Applied For Not Applicable
Zip	Country	<sup>Zip</sup> 32/772	Country		58.75 Additional ee Required
a Ker County (S. 1919)				7. Name and Address of Current Registered	Agent
DO NOT WRITE    Name   REGECCA - CASTANEDA     Street Accress (P.O. Box Number is Not Acceptable)					
2709 SACERON DR					
	IN THIS SP	AUE SAN		·	
			City DCL	ando FL FL	Zip Code 32837
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 reinclature) DATE					
9. This corporation is eligible to satisfy its intengible Tax filling 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  Trust Fund Contribution.  Added to Fees					
11.	OFFICERS AND	DIRECTORS	SECURITY SALES AND SECURITY SALES		
TITLE NAME	Rebecca casta 2709 saffron		TITLE		
STREET ADDRESS	REET ADDRESS Orlando FL 32837			ing pagen an mengalih pantak ang pantak ang kalang Pantah nang dipandapan ng kalanggan pantah kalang	H. H
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STREET ADDRESS			STREET ADORESS		
CTTY-ST-ZIP	and the state of t	this filing door not qualify for	the exemption stated in S	ection 319 07(3)(i) Elogida Statutes Hurther cer	tify that the information
13. Ehereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 eath; 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.					