

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90310 001 \*\*\*450.00

0616763 AV

**DOCUMENT # P00000085150**

1. Entity Name  
**ROBERT E. HARLOW INC.**



Principal Place of Business  
**12734 KENWOOD LANE**  
**#5**  
**FT MYERS FL 33907**

Mailing Address  
**12734 KENWOOD LANE**  
**#5**  
**FT MYERS FL 33907**



2. Principal Place of Business  
**2275W 21ST ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. DRAWER 159**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**CAPE CORAL, FL 33991**  
Zip  
**33991**  
Country  
**USA**

City & State  
**FORT MYERS FL**  
Zip  
**33902**  
Country  
**USA**

4. FEI Number **65-1038461**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BARKER, R. SCOTT**  
**12734 KENWOOD LANE**  
**# 5**  
**FT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name  
**BARKER, R. SCOTT**  
Street Address (P.O. Box Number is Not Acceptable)  
**2275W 21ST ST**  
City  
**CAPE CORAL** **FL** Zip Code  
**33991**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **R. SCOTT BARKER** **4/20/03**  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARLOW, ROBERT-E</b>	
STREET ADDRESS	<b>8336 EDBSON DRIVE</b>	
CITY-ST-ZIP	<b>NORTH FT MYERS FL 33917</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>BARKER, R. SCOTT PSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2275W 21ST ST</b>	
STREET ADDRESS	<b>CAPE CORAL FL 33991</b>	
CITY-ST-ZIP		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 supplement to 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE: **R. SCOTT BARKER** **4/20/03** **2399946666**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)