

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 22, 2001 8:00 am
Secretary of State

04-27-2001 90349 028 ***150.00

DOCUMENT # P00000093771

1. Entity Name

HARBOR TOWNE OF TITUSVILLE, INC.

Principal Place of Business

Mailing Address

**11 A. MAX BREWER PKWY.
 TITUSVILLE FL 32796**

**P. O. BOX 6447
 TITUSVILLE FL 32782-6447**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3392318

Applied for

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, HARRY A
 11 A. MAX BREWER PKWY.
 TITUSVILLE FL 32796**

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

Zip Code

B. 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's signature required when changing)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Elect on 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 NAME STREET ADDRESS CITY-ST-ZIP	PS JONES, HARRY A 11 A. MAX BREWER PKWY. TITUSVILLE FL 32796	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY A. JONES

4-19-01

CR2E034 (10/00)