

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91103 015 ***150.00

DOCUMENT # P00000093771

1. Entity Name
HARBOR TOWNE OF TITUSVILLE, INC.



Principal Place of Business
**11 A. MAX BREWER PKWY.
TITUSVILLE FL 32796**

Mailing Address
**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

☐ CHECK HERE IF MAKING CHANGES

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 Number is Not Acceptable)

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

SIGNATURE

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS**
NAME **JONES, HARRY A**
STREET ADDRESS **11 A. MAX BREWER PKWY.**
CITY-ST-ZIP **TITUSVILLE FL 32796**

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE **PRESIDENT**
NAME **RONALD E. KOETTER**
STREET ADDRESS **410 INDIAN RIVER AVE**
CITY-ST-ZIP **TITUSVILLE FL**

☒ Change ☐ Addition

TITLE **SECRETARY**
NAME **HARRY A JONES**
STREET ADDRESS **11 A MAX BREWER CSWY**
CITY-ST-ZIP **TITUSVILLE FL 32796**

☒ Change ☐ Addition

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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-03 321-264 0334

CR2E034 (10/02)