

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001609

1. Entity Name

HARMONY LOGISTICS, INC.

Principal Place of Business

1701 AIRPORT TERMINAL DR
DELAND FL 32724

Mailing Address

P.O. BOX 3068
DELAND FL 32721

2. Principal Place of Business

1601 N. Lake Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

DELAND FL

City & State

DELAND FL

4. FEI Number

59-3702275

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE WET, HENDRIK C

109 LEON AVE
DELAND FL 32720

7. Name and Address of New Registered Agent

Name De Wet, Hendrik C

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

641 E. Taylor Rd.

City DELAND

FL

Zip Code 32724

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME PC
STREET ADDRESS CAREL - Johan Bakkes
CITY-ST-ZIP 641 E. Taylor Rd.
DELAND, FL 32724

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 30, 2002 8:00 am
Secretary of State

05-06-2002 90136 028 ***150.00

95587



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)