

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90170 044 ***150.00

DOCUMENT # P01000011325

1. Entity Name
HARBOR LIFE AGENCY, INC.



Principal Place of Business
**875 MILITARY TRAIL STE 104
JUPITER FL 33458**

Mailing Address
**875 MILITARY TRAIL STE 104
JUPITER FL 33458**



2. Principal Place of Business
1928 Commerce Lane

Suite, Apt. #, etc.
Suite 4

3. Mailing Address
1928 Commerce Lane

Suite, Apt. #, etc.
Suite 4

CHECK HERE IF MAKING CHANGES

City & State
Jupiter, FL

City & State
Jupiter, FL

Zip
33458

Country
US

Zip
33458

Country
US

4. FEI Number **APPLIED FOR**
03-0430622

Applied For
 Not Applicable

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

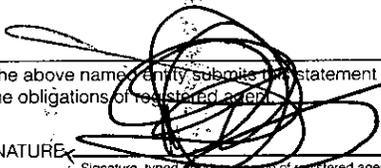
6. Name and Address of Current Registered Agent

DOUMAR, DAVID R
875 MILITARY TRAIL STE 104
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1928 Commerce Lane
Suite 4
City
Jupiter FL Zip Code
33458

8. The above named entity submits the 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:  DATE: **4/1/03**

(NOTE: Registered Agent signature required when reinstating)

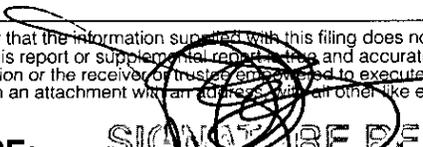
FILE NOW!!! FEE IS \$150.00
After May 1, 2003. Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete DOUMAR, DAVID R 875 MILITARY TRAIL STE 104 JUPITER FL 33458 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1928 Commerce Lane, Suite 4 Jupiter FL 33458 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information submitted 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 of another like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE: **4/1/03** Daytime Phone #: **5615751200**

CR2E034 (10/02)