

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90132 049 \*\*\*150.00

0460103 AV

**DOCUMENT # P01000017679**

1. Entity Name

**HARBORSIDE TITLE SERVICES, INC.**

Principal Place of Business

**1625 W. MARION AVENUE  
 SUITE 2  
 PUNTA GORDA FL 33950**

Mailing Address

**1625 W. MARION AVENUE  
 SUITE 2  
 PUNTA GORDA FL 33950**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1100 Fifth Ave. S. ~~SE~~  
 Suite 301**

3. Mailing Address

**1100 Fifth Ave. South  
 Suite 301**

City & State

**Naples, FL**

Zip  
**34102**

Country

City & State

**Naples, FL**

Zip  
**34102**

Country

4. FEI Number

**58-2604444**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MAHER, ELLEN S ESQ.  
 1625 W. MARION AVENUE  
 SUITE 2  
 PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name **Ellen S. Maher, Esq.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1100 Fifth Ave. South**  
**Suite 301**  
 City **Naples** **FL** Zip Code **34102**

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]*

**2-12-02**

Signature, typed or printed name of registered agent and title 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 **DP** ☒ Delete  
 NAME **MAHER, ELLEN S**  
 STREET ADDRESS **P.O. BOX 3392 (N/A)**  
 CITY-ST-ZIP **NAPLES FL 34106-3392**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition  
 NAME **Ellen S. Maher**  
 STREET ADDRESS **1100 Fifth Ave. S. Suite 301**  
 CITY-ST-ZIP **Naples, FL 34102**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-12-02 941-261-4673**

Date

Daytime Phone #

CR2E034 (9/01)