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FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91293 046 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000042531

1. Entity Name
GLORIA HARMON + ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

11023705

2. Principal Place of Business	3. Mailing Address
4505 S. OCEAN BLVD.	4505 S. OCEAN BLVD.
Suite, Apt. #, etc. #1008	Suite, Apt. #, etc. #1008
City & State HIGHLAND BEACH, FL	City & State HIGHLAND BEACH, FL
Zip 33487 Country	Zip 33487 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1099322 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name GLORIA HARMON

Street Address (P.O. Box Number is Not Acceptable) 4505 S. OCEAN BLVD. #1008

City HIGHLAND BEACH FL Zip Code 33487

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PSTD	TITLE	
NAME	GLORIA HARMON	NAME	
STREET ADDRESS	4505 S. OCEAN BLVD., #1008	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #