

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90134 034 ***150.00

DOCUMENT # P01000056142

1. Entity Name

HARBOR BRANCH CLAMS, INC.



Principal Place of Business

**5600 US HWY. 1 N.
FT. PIERCE FL 34946**

Mailing Address

**5600 US HWY. 1 N.
FT. PIERCE FL 34946**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1124205

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STEWART, WILLIAM J
3355 OCEAN DR.
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEWART, WILLIAM J	
STREET ADDRESS	3355 OCEAN DR.	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HERMAN, RICH	
STREET ADDRESS	5600 US HWY 1 N	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KING, LARRY P	
STREET ADDRESS	PO BOX 780459	
CITY-ST-ZIP	ORLANDO FL 32878	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VAUGHAN, DAVE	
STREET ADDRESS	5600 US HIGHWAY 1N	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAPTISTE, RICHARD	
STREET ADDRESS	5600 US HWY 1 N	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY NESBIT	
STREET ADDRESS	179 SPRING LINE DR.	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14816 HARTFORD RUN DR.	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEGAN DAVIS - HODGKINS	
STREET ADDRESS	5600 US 1 NORTH	
CITY-ST-ZIP	FT. PIERCE, FL 34946	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK HOFF	
STREET ADDRESS	33418 OLD ST. JOE ROAD	
CITY-ST-ZIP	DADE CITY, FL 33525	

CR2E034 (10/02)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LARRY P. KING - CEO

1/15/03
Date

772-465-2400 X538
Daytime Phone #