2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # P01000074962 FILED 1. Entity Name HARCO PROPERTIES, INC. 03 MAR -4 PM 2:54 Principal Place of Business Mailing Address SECRETARY OF STATE 1117 ROSEWOOD DR. 1117 ROSEWOOD DR TALLAHASSEE, FLORIDA TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3734423 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARLEY, KEN 1117 ROSEWOOD DR. Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 City 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 \$169.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HARLEY, MELISSA NAME 300014094963 STREET ADDRESS 1117 ROSEWOOD DR. STREET ADDRESS 03/14/03--01030--028 **150.00 CITY-ST-7P TALLAHASSEE, FL 32301 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME COPELAND, VICKI NAME STREET ADDRESS 2112 WEMBLEY WAY STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-2IP TITLE ☐ Delete TITLE Change ☐ Addition NAME HARLEY, KEN NAME STREET ADDRESS 1117 ROSEWOOD DR. STREET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32301 City-St-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME COPELAND, DAVE NAME STREET ADDRESS 2112 WEMBLEY WAY STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 City-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-St. 7P CITY-ST-ZIP TIT/F ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7P CITY ST 2IP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi). 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