2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000096092 **DOCUMENT #**

1. Entity Name

HARBOR MANAGEMENT GROUP, INC.



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90027 046 ***150.00

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City & State Country Country Country S. Certificate of Status Desired State Desired	Principal Place of Business 3. Mailing Address				ling Address							i io u eiai ea ii o i		
Signature Sign	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
S. Certificate of Status Desired Provided Registered Agent Provided Registered Age	City & Stat	te		City	City & State				4. F	(1141581295				
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submiss this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SignATURE Signature, typed or printed rame of registers agent and rime is approaches. FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ADDITIONS/CHANGES TO OFFICERS AND		6. Name	and Address of Current	Registere	ed Agent				7. N	lame and Address of New Regi	stered A	gent-		
STREET ADDRESS OTH'S STREET AD				-			Name							
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. Signature	TAMPA FL	. 33611												
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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:

REQUIRED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR