

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90079 030 ***150.00

0002852 AT

DOCUMENT # P01000114004

1. Entity Name

HARVELL'S OF NORTHWEST FLORIDA, INC.

Principal Place of Business

**815 FAIRVIEW DR.
 FT. WALTON BEACH FL 32547**

Mailing Address

**815 FAIRVIEW DR.
 FT. WALTON BEACH FL 32547**



2. Principal Place of Business

Harvell's BreezeMart

Suite, Apt. #, etc.

8123 Gulf Breeze Pkwy

City & State

Gulf Breeze, FL

Zip

32561

Country

USA

3. Mailing Address

Harvell's BreezeMart

Suite, Apt. #, etc.

8123 Gulf Breeze Pkwy

City & State

Gulf Breeze, FL

Zip

32561

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

593759489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEIMORTS, MICHAEL L ESQ
 WEIMORTS & WHITEHEAD, P.A.
 4507 FURLING LN., STE. 209
 DESTIN FL 32541**

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.

SIGNATURE

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 **P.S.D.** ☐ Delete
 NAME **Nicky Harvell**
 STREET ADDRESS **815 Fairview Dr.**
 CITY-ST-ZIP **Ft. Walton Bch, FL 32547**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice-President** ☐ Change ☒ Addition
 NAME **John Bryant**
 STREET ADDRESS **9265 Quail Roost Dr.**
 CITY-ST-ZIP **Navarre, FL 32566**

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

TITLE ☐ Change ☐ Addition
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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: **Nicky Harvell** **Nicky Harvell**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02 **850-932-3225**
 Date Daytime Phone #

CR2E034 (9/01)