

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90360 040 ***150.00

DOCUMENT # P01000118361

1. Entity Name

HARP OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

7761 KNIGHTWING CIRCLE
 FT MYERS FL 33912

Mailing Address

7761 KNIGHTWING CIRCLE
 FT MYERS FL 33912

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

01-0557623

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WANDERON, THOMAS
 868 106TH AVE NORTH
 NAPLES FL 34108

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 DR. H.A. CHARARA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-8-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANDERON, THOMAS 868 106TH AVE NORTH NAPLES FL 34108	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IBRAHIM CHARARA 7761 KNIGHTWING CIR FT. MYERS, FL. 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-02 (239) 872-2467

CR2E034 (4/02)

July 8, 2002

Florida Department of State

Document #: P01000118361

Re: HARP SWEL, Inc

To Whom It May Concern:

I am writing to kindly request of you to waive the late payment fee regarding filing of the above company.

I realize we are late in filing. Due to the fact that this is a brand new company and we were in the process of changing the registered agent so the form was misplaced, and due to our limited knowledge regarding the rules. Therefore we are requesting a one time exception.

I truly understand the importance of rules and regulations, but due to limited means and the fact that this is the first time for such an incident, I kindly request your favorable response.

Enclosed please find the original fee. Should you refuse, please submit a note so I may pay the difference.

Thank you in advance for your consideration.

Sincerely,

H. A. Charara, D.P.M. FACFAS

HAC/kw