

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90204 021 \*\*\*150.00

**DOCUMENT # P02000030658**

1. Entity Name  
**HARBORTOWN MORTGAGE COMPANY INC.**



Principal Place of Business  
**2511 VASCO STREET SUITE 119B  
PUNTA GORDA FL 33950**

Mailing Address  
**2511 VASCO STREET SUITE 119B  
PUNTA GORDA FL 33950**

**11033580**



2. Principal Place of Business

3. Mailing Address

**2421 SHREVE ST.**

**2421 SHREVE ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**111**

**111**

City & State

City & State

**PUNTA GORDA, FL.**

**PUNTA GORDA, FL.**

Zip

Country

Zip

Country

**33950 USA**

**33950 USA**

4. FEI Number

**02-0568210**

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

7. Name and Address of New Registered Agent

**TOTTEN, LESLIE L  
2805 TAMiami TRAIL  
PUNTA GORDA FL 33950**

Name **RODNEY M. MASSIE**

Street Address (P.O. Box Number is Not Acceptable)

**2421 SHREVE ST., - #111**

City

**PUNTA GORDA, FL**

Zip Code

**33950**

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

*X Rodney Massie*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**X 4/30/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**P  
LEN L. STRICKLER  
2421 SHREVE ST. - #111  
PUNTA GORDA, FL 33950**

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: *X [Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 4/30/03**

Date

Daytime Phone #

**941-833-2277**

CR2E034 (10/02)