


UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90015 011 ***150.00

DOCUMENT # P02000053246

1. Entity Name
HARBOR HI-TECH HOMES, INC.



Principal Place of Business
**601 ROPER PARKWAY #1
 OCOEE FL 34761**

Mailing Address
**601 ROPER PARKWAY #1
 OCOEE FL 34761**

2. Principal Place of Business
10616 So. US-1

3. Mailing Address
10616 So. US-1

Suite, Apt. #, etc.

City & State
PORT ST. LUCIE FL


City & State
PORT ST. LUCIE FL

Zip
34952

Country

Zip
34952

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number
03-0474864

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EDWARDS, M. CHRIS
 1001 N. US HIGHWAY ONE
 SUITE 400
 JUPITER FL 33477**

7. Name and Address of New Registered Agent

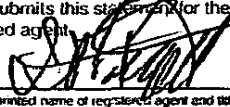
Name
JOSEPH F. REICHART

Street Address (P.O. Box Number is Not Acceptable)
10616 So. US-1

City
PORT ST. LUCIE FL

Zip Code
34952

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  **JOSEPH F. REICHART, PRESIDENT** **4/23/03**

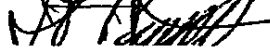
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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"/> Change <input checked="" type="checkbox"/> Addition
		PRESIDENT PARTIS/D JOSEPH F. REICHART 10616 So. US-1 PORT ST. LUCIE FL 34952	
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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  **JOSEPH F. REICHART** **4/23/03** **772-398-0450**