

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90827 026 ***150.00

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DOCUMENT # P02000053246

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



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

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

2. Principal Place of Business
10616 So. US-1
Suite, Apt. #, etc.

3. Mailing Address
10616 So. US-1
Suite, Apt. #, etc.

City & State
PORT ST. LUCIE FL

City & State
PORT ST. LUCIE FL

4. FEI Number
03-0474864

Applied For
Not Applicable

Zip
34952 Country

Zip
34952 Country

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

☒ CHECK HERE IF MAKING CHANGES

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

JOSEPH F. REICHART, PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

4/23/03
DATE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 which appears with all other like empowered.

SIGNATURE: **JOSEPH F. REICHART** **4/23/03** **772-398-0450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)