

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90097 006 \*\*\*150.00

DOCUMENT # P02000102522

1. Entity Name  
HARBORSIDE CONSTRUCTION, INC.



Principal Place of Business  
79 OVERBROOK BLVD.  
LARGO FL 33770

Mailing Address  
79 OVERBROOK BLVD.  
LARGO FL 33770



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suites

City & State

Zip

Country

Suite, Apt. #, etc.

Suites

City & State

Zip

Country

4. FEI Number

22-3872964

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

KOLBERT, AMY  
455 N. INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL 33770

7. Name and Address of New Registered Agent

Name

Kolbert, Amy

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

10225 Wilmerton Rd. Suite 3D

City

Largo

FL

Zip Code

33771

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.

(NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	JOHN, DAVID A	
STREET ADDRESS	348 SHIRLEY	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WETHERINGTON, DONALD D JR	
STREET ADDRESS	2400 FLINTLOCK DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Van Deusen, Diann	
STREET ADDRESS	675 N. Indian Rocks Rd # 9C	
CITY-ST-ZIP	Belleair Bluffs, FL 33770	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Diann Van Deusen (Diann Van Deusen)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/02 727-585-9076

CR2E034 (10/02)