

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90075 007 \*\*\*150.00

**DOCUMENT # P02000112214**

1. Entity Name  
**HARBOR TREASURES, INC.**



Principal Place of Business  
**10083 TURNBERRY ISLE COURT  
NORTH FORT MYERS FL 33903  
US**

Mailing Address  
**10083 TURNBERRY ISLE COURT  
NORTH FORT MYERS FL 33903  
US**

**11007754**



2. Principal Place of Business

3. Mailing Address

**1200 W. KETTA ESPLANADE**

**1200 W. KETTA ESPLANADE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P-48**

**P-48**

City & State  
**PUNTA GORDA, FL**

City & State  
**PUNTA GORDA, FL**

Zip  
**33950**

Country  
**CHARLOTTE**

Zip  
**33950**

Country  
**CHARLOTTE**

4. FEI Number  
**57-1138259**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/20/03**

**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 **D** ☐ Delete  
NAME **FASY, RAY**  
STREET ADDRESS **P.O. BOX 428**  
CITY-ST-ZIP **FRANKLIN TN 37065**

TITLE **D, Pres** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **10083 Turnberry Isle Ct.**  
CITY-ST-ZIP **NORTH FORT MYERS, FL 33903**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Sec. TREAS.** ☐ Change ☒ Addition  
NAME **PATTI CALDWELL**  
STREET ADDRESS **10083 TURNBERRY ISLE CT**  
CITY-ST-ZIP **NORTH, FORT MYERS, FL 33903**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**PATTI CALDWELL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/20/03 941-639-4367**

CR2E034 (10/02)