

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1/8

FILED
Feb 06, 2003 8:00 am
Secretary of State

01-08-2003 90038 048 ***150.00

DOCUMENT # P02000121398

1. Entity Name
HARPER MANAGEMENT, INC.



Principal Place of Business
157 CHELSEA COURT
DUNEDIN FL 34698

Mailing Address
157 CHELSEA COURT
DUNEDIN FL 34698

55005111



~~54-0540014~~ 05-0540014

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
157 Chelsea CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Dunedin FL

City & State

4. FEI Number

Applied For

Not Applicable

Zip
34698

Country
USA

Zip

Country

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

FLORIDA AGENT SERVICES, INC.
1221 BRICKELL AVE.
SUITE 900
MIAMI FL 33131

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

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	PD HARPER, LINDA L 157 CHELSEA COURT DUNEDIN FL 34698	<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
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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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 Feb 2003

Date

727-733-0556

Daytime Phone #

CR2E034 (10/02)