

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90965 002 \*\*\*150.00

003287 AV

**DOCUMENT # P93000073558**

1. Entity Name

**QUEENS HARBOUR CORPORATION**



Principal Place of Business  
1131 QUEENS HARBOUR BLVD.  
JACKSONVILLE FL 32225

Mailing Address  
1131 QUEENS HARBOUR BLVD.  
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

*P.O. Box 819087*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*961140*

City & State

City & State

*DALLAS, TX*

Zip

Country

Zip

Country

*75381*

4. FEI Number

**75-2509681**

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

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
VP	DEVITZ, ROBERT	3030 LBS FRWY., STE. 700	DALLAS TX	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	HOWE, DOUGLAS	3030 LBS FRWY., STE. 700	DALLAS TX	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
T	LONGMIRE, JEFF	3030 LBS FRWY., STE. 700	DALLAS TX	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	BIONDO, MICHAEL	1131 QUEENS HARBOUR BLVD.	JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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:

*Jeff Longmire*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/10/03 243-6191*

CR2E034 (10/02)