

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011524

1. Entity Name

HARBOUR INVESTMENT SERVICES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90074 018 ***150.00

Principal Place of Business

8382 BAYMEADOWS RD.
SUITE 5
JACKSONVILLE FL 32256

Mailing Address

8382 BAYMEADOWS RD.
SUITE 5
JACKSONVILLE FL 32216-1932

2. Principal Place of Business

3. Mailing Address

2002 SOUTHSIDE BL
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

Zip

Country

32216 DUVAL

4. FEI Number

59-3297455

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

RUSSO, PETER J
8382 BAYMEADOWS RD.
SUITE 5
JACKSONVILLE FL 32256

Name

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

2002 SOUTHSIDE BL

City JACKSONVILLE

FL

Zip Code 32216

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
RUSSO, PETER J
8382 BAYMEADOWS RD.
JACKSONVILLE FL 32256

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
PETER RUSSO
2002 SOUTHSIDE BL
JAX FL 32216

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/99)