

2002 UNIFORM BUSINESS REPORT (UBR)

0002079 AV

DOCUMENT # P95000028149

1. Entity Name
HARBOR REALTY GROUP, INC.

FILED

02 DEC 19 AM 10:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
5 CREEK BRANCH WAY
ORMOND BEACH FL 32174

Mailing Address
5 CREEK BRANCH WAY
ORMOND BEACH FL 32174

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

REINSTATEMENT (DO NOT WRITE IN THIS SPACE) **02**

4. FEI Number **59-3308475** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

NEAL, NATHAN D
~~1123 LANDERS ST~~
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
5 CREEK BRANCH WAY
 City **ORMOND BEACH** FL Zip Code **32174**

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 *Nathan Neal* **NATHAN NEAL, PRESIDENT** 12-17-02
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)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002* Fee will be \$750.00*
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	NEAL, NATHAN D	5 CREEK BRANCH WAY	ORMOND BEACH FL 32174	<input type="checkbox"/>
VD	NEAL, CURTIS I	PO BOX 582 N/A	MONTCALM WV 24737	<input checked="" type="checkbox"/>
STD	NEAL, EFFIE M	PO BOX 582 N/A	MONTCALM WV 24737	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VICE-PRESIDENT	HEIDI A. NEAL	SCREEK BRANCH WAY	ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/>
SEC./TRS.	KAITLYN M. BELL	SCREEK BRANCH WAY	ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: *Nathan Neal* **PRESIDENT** 11-13-02 386-677-5076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)