

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90158 048 ***150.00

DOCUMENT # P96000006768



1. Entity Name
HARBOR ELECTRIC SUPPLY, INC.

Principal Place of Business
**631 WEST US 98
APALACHICOLA FL 32320
US**

Mailing Address
**P.O BOX 39
APALACHICOLA FL 32329
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3356276**

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

**ELKINS, CHARLES E
130 GULF PINES DR
PORT ST JOE FL 32456**

Name **Charles E. Elkins**

Street Address (P.O. Box Number is Not Acceptable)
110 GULF PINES DR

City **Port St. Joe** **FL** Zip Code **32456**

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 **Charles Elkins**

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

(NOTE: Registered Agent signature required when reinstating)

4-2-03

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 ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	WELLS, LLOYD W	
STREET ADDRESS	307 NAUTILUS DR	
CITY-ST-ZIP	PORT ST JOE FL 32456	
TITLE	V	<input type="checkbox"/> Delete
NAME	WELLS, LYNNE J	
STREET ADDRESS	307 NAUTILUS DR	
CITY-ST-ZIP	PORT ST JOE FL 32456	
TITLE	P	<input type="checkbox"/> Delete
NAME	ELKINS, CHARLES E	
STREET ADDRESS	130 GULF PINES DR	
CITY-ST-ZIP	PORT ST JOE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ELKINS, LINDA F	
STREET ADDRESS	130 GULF PINES DR	
CITY-ST-ZIP	PORT ST JOE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Charles Elkins, Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-03 850-653-3232

Date

Daytime Phone #

CR2E034 (10/02)