FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 22, 2002 8:00 am Secretary of State P96000102590 **DOCUMENT#** 1. Entity Name 07-22-2002 90165 044 ***150.00 HARBOR MORTGAGE COMPANY Principal Place of Business Mailing Address 1124-MARINE-WAY-WEST-DIL 1124 MARINE WAY WEST-DIL NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL-33400 U3- HS-2. Principal Place of Business 3. Mailing Address P.O. 131 P.O. 13140 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 65-0713870 Beach Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS ENTERPRISES INC. Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BLVD, STE 211 PALM BEACH GARDENS FL 33418 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Change ☐ Addition TITLE TITLE Delete Gerald A Stone 854 Fathom Ct. STONE, GERALD A NAME NAME 1124 MARINE WAY WEST D1L STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-ZIP C/TY-ST-ZIF ☐ Change ☐ Addition TIT! F TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 of 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 required 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

7-16-02 625-050

Change

Addition





HARBOR MORTGAGE COMPANY

Post Office Box 13140 North Palm Beach, FL 33408 561-719-4069

July 16, 2002

Division of Corporations Uniform Business Reports PO Box 1500 Tallahassee, FL 32302-1500

Reference:

2002 Uniform Business Report

I received this report in the mail last week. I immediately called your office and indicated that I should not be subject to the penalty because I just received this for the first time. They agreed and said I should send in \$150.00 which is enclosed.

Thank you,

Gerald A. Stone