2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91899 010 ***150.00

DOCUMENT # P97000035096

1. Entity Name
HARBOR LAND, INC.

Principal Place of Business	Mailing Address
~~636 US HWY., STE. 103~~	636 US HWY., STE. 103
~~N. PALM BEACH FL 33408~~	N. PALM BEACH FL 33408
	11331 EAST teach Rd

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11331 EAST teach Rd	~~636~~ ~~US~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PBG, FL	City & State: PALM Beach Gardens, FL
Zip: 33410 Country: USA	Zip: 33410 Country: USA

4. FEI Number 65-0779118 ☐ 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
JOHNSON, LAMBERT	Name: LAmbert Johnson
~~636 US ONE~~	Street Address (P.O. Box Number is Not Acceptable): 11331 EAST Teach Rd
~~SUITE 103~~	
~~NORTH PALM BEACH FL 33408~~	City: PBG FL Zip Code: 33410

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]
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	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHNSON, LAMBERT		NAME	
STREET ADDRESS	636 US HWY., STE. 103		STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL 33408		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: SIGNATURE REQUIRED [signature] 4/30/03 561 818-3625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)