

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90172 002 \*\*\*150.00

**DOCUMENT #** 0980000045355  
**1. Entity Name**  
Harbour Island Real Estate, Co, INC

**Principal Place of Business** **Mailing Address**  
907 MIZZENMAST LA.  
Tampa, FL 33602

**2. Principal Place of Business** **3. Mailing Address**  
907 MIZZENMAST LA. SAME  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

**City & State** **City & State**  
TAMPA FL  
**Zip** **Country** **Zip** **Country**  
33602 Hillsborough

**4. FEI Number** **Applied For**  
FIN 59-352-0459 ☐ ☐  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**C0057206**

**6. Name and Address of Current Registered Agent**

DONALD DECORT ->

**7. Name and Address of New Registered Agent**

**Name** DeCort, Donald P Esq  
**Street Address (P.O. Box Number is Not Acceptable)** 106 S. TAMPA AVE Ste 200  
Tampa FL 33609  
**City** **FL** **Zip Code** 33609

**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** Don G. Edwards **DATE** 4-16-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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** ☐ Delete  
**NAME** DORIS A. EDWARDS  
**STREET ADDRESS** 907 MIZZENMAST LA  
**CITY-ST-ZIP** Tampa FL 33602

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:** Don G. Edwards **DATE** 4-16-01 **Daytime Phone #** 813-204-9231  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)