

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90132 034 ***150.00

DOCUMENT # P98000049566

1. Entity Name
CHRISTINE L. HARTER, P.A.



Principal Place of Business
**4615 SOUTHEAST 15TH STREET
OCALA FL 34471**

Mailing Address
**P.O. BOX 1779
OCALA FL 34478-1779
US**

2. Principal Place of Business
522 SW 1st Avenue

3. Mailing Address
Suite, Apt. #, etc.

City & State
Ocala, Florida

City & State

Zip
34474

Country
USA

Zip

Country

4. FEI Number **59-3513906**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HARTER, CHRISTINE L
4615 SE 15 ST
OCALA FL 34471**

7. Name and Address of New Registered Agent

Name
Harter, Christine L.
Street Address (P.O. Box Number is Not Acceptable)
522 SW 1st Avenue

City
Ocala

FL

Zip Code
34474

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

March 18, 2003

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

TITLE **PVST** ☐ Delete
NAME **HARTER, CHRISTINE L**
STREET ADDRESS **4615 SOUTHEAST 15TH STREET**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** ☐ Delete
NAME **HARTER, CHRISTINE L**
STREET ADDRESS **4615 SOUTHEAST 15TH STREET**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
NAME **Harter, Christine L.**
STREET ADDRESS **522 SW 1st Avenue**
CITY-ST-ZIP **Ocala, FL 34474**

TITLE **D** ☒ Change ☐ Addition
NAME **Harter, Christine L.**
STREET ADDRESS **522 SW 1st Avenue**
CITY-ST-ZIP **Ocala, FL 34474**

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

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
CHRISTINE L. HARTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03 352/694-4242

Date

Daytime Phone #

CR2E034 (10/02)