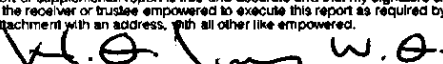


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92194 003 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053764			
1. Entity Name HARP (TAVISTOCK) CORPORATION			
Principal Place of Business 10222 ATTERBURY COURT ORLANDO, FL 32827		Mailing Address 10222 ATTERBURY COURT ORLANDO, FL 32827	
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 59-3521967		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHROEDER, MICHAEL A ESQ. C/O SCHROEDER AND LARCHE, P.A. 2255 GLADES ROAD - SUITE 319-ATRIUM BOCA RATON, FL 33431-7383		7. Name and Address of New Registered Agent Name Todd K. Norman, Esq. Street Address (P.O. Box Number is Not Acceptable) 37 N. Orange Avenue Suite 200 City Orlando FL Zip Code 32802	
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  Attorney DATE 4/28/03 (NOTE: Registered Agent's signature required when registering)			
FILE NOW! FEE IS \$150.00 After May 7, 2003 Fee will be \$50.00 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 NAME STREET ADDRESS CITY-ST-ZIP	D SMEE, ROGER G MR. 10222 ATTERBURY COURT ORLANDO, FL 32827 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  W.O. JONES DATE 04/28/03 402 946 1272 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			

90126026



☒ CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)