2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000071801** 1. Entity Name

Country

MCGRATH, TERI ANNE

134 N.W. PEACH STREET PORT ST. LUCIE FL 34983

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

MCGRATH, TERI

134 N.W. PEACH STREET

PORT ST. LUCIE FL 34983

(See criteria on back)

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

HARBOR VIEW INTERIORS, INC.

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-ZIP

11.

TITLE

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

TITLE

NAME

Mailing Address Principal Place of Business 134 N.W. PEACH STREET 134 N.W. PEACH STREET III ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983 3. Mailing Address 2. Principal Place of Business

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

Delete

☐ Delete

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12.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY-ST-7IP

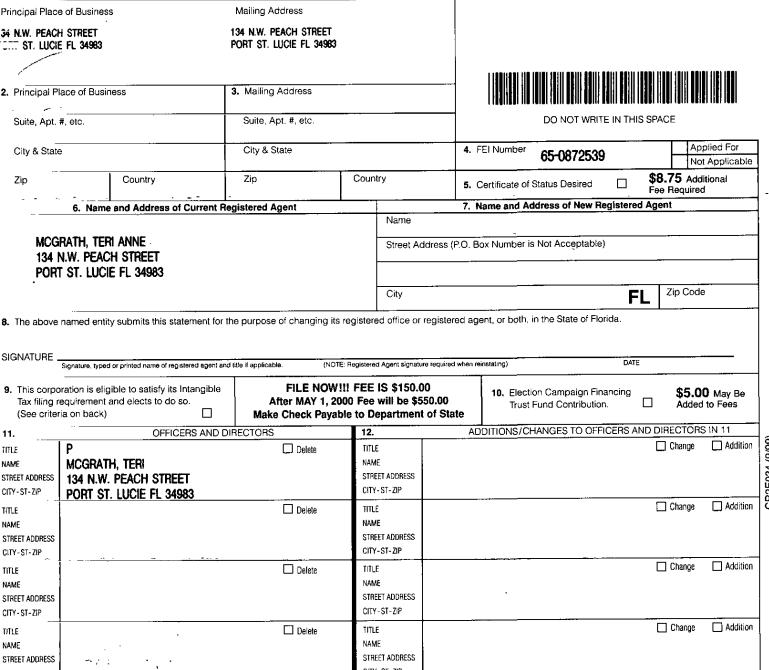
Name

City & State

Zip

FILED May 18, 2000 8:00 am Secretary of State

05-18-2000 90288 025 ***150.00



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:

Change

Change

Addition

☐ Addition