


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <b>P98000074905</b>	
1. Entity Name <b>HARBOR INVESTMENT GROUP INC.</b>	

**FILED**  
03 SEP 22 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 01-03**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>601 BRICKEN KEY DRIVE</b>		3. Mailing Address <b>601 BRICKEN KEY DRIVE</b>	
Suite, Apt. #, etc. <b>SUITE 102</b>		Suite, Apt. #, etc. <b>SUITE 102</b>	
City & State <b>MIAMI FLORIDA</b>		City & State <b>MIAMI FLORIDA</b>	
Zip <b>33131</b>	Country <b>DADE</b>	Zip <b>33131</b>	Country <b>DADE</b>

4. FEI Number <b>050859325</b>	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent		
Name	<b>THOMAS M PRONESTI</b>	
Street Address (P.O. Box Number is Not Acceptable)	<b>601 BRICKEN KEY DRIVE SUITE 102</b>	
City	<b>MIAMI</b>	FL Zip Code <b>33131</b>

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  DATE **7-14-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 <b>PRESIDENT</b>	NAME <b>THOMAS M PRONESTI</b>	TITLE	NAME
STREET ADDRESS <b>601 BRICKEN KEY DRIVE SUITE 102</b>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <b>MIAMI FLORIDA 33131</b>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **PRESIDENT** DATE **7/14/03** DAYTIME PHONE # **800.945.5556**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)