

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90050 013 ***150.00

DOCUMENT # P99000024667

1. Entity Name

HARMONY DRAFTING COMPANY

Principal Place of Business

Mailing Address

~~18201 CHESAPEAKE CT~~
FT MYERS FL 33908

~~18201 CHESAPEAKE CT~~
FT MYERS FL 33908-4676



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1627 RED CEDAR DR.

1627 RED CEDAR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 20

APT. 20

City & State

FT. MYERS FL

City & State

FT. MYERS FL

Zip

33907

Country

USA

Zip

33907

Country

USA

4. FEI Number

65-0915866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REBSAMEN, ROBYN

~~18201 CHESAPEAKE CT~~

FT MYERS FL 33908

Name

Street Address (P.O. Box Number is Not Acceptable)

1627 RED CEDAR DR.

APT. 20

City

FT. MYERS

FL

Zip Code

33907

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

P, T, S, D
ROBYN REBSAMEN
1627 RED CEDAR DR. #20
FT. MYERS FL 33907

CR2E034 (9/99)

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: Robyn Rebsamen **ROBYN REBSAMEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00

Date

941/274/0227

Daytime Phone #