## 🙎001 UNIFORM BUSINESS REPORT (UBR) May 04, 2001 8:00 am Secretary of State DOCUMENT # P9900034026 1. Entity Name HARWICK HOLDINGS, INC. 05-04-2001 90130 035 \*\*\*150.00 Principal Place of Business Mailing Address 164 BAYVIEW AVE. 164 BAYVIEW AVE. NAPLES FL 34108 NAPLES FL 34108 UUU47614 2. Principal Place of Business 9001 Highland Woods Blud Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0945640 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kichard K Harwick PARRISH & MOORE, P.A. Street Address (P.O. Box Number is Not Acceptable) 2171 PINE RIDGE RD., SUITE D NAPLES FL 34109 164 Bayview Ave its this statement for the durpose of changing its registered office or registered agent, or both, in the State of Florida. Richard K Harwick 4/26/2001 tered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition TITI F ☐ Delete TITLE ☐ Change HARWICK, RICK NAME NAME 164 BAYVIEW AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 ☐ Addition ☐ Delete TITLE ☐ Change HARWICK, KATHY NAME NAME 164 BAYVIEW AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 effect 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition