## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 15, 2001 8:00 am DOCUMENT # P99000043390 Secretary of State HARBOR COVE IMAGING, INC. 02-15-2001 90029 006 \*\*\*150.00 Principal Place of Business Mailing Address 9411-NORTH ATA -8411 NORTH ATA N. HUTCHINSON ISLAND FL 34949 N. HUTCHINSON ISLAND FL 34940 1000 Virginia Ave. Ft. Picrce, F1.34982 2. Principal Place of Business 3. Mailing Address 1000 Virginia Auc PO BOX 13119 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Ft · Pierce Applied For 4. FEI Number 65-0920643 Ft. Pierce Not Applicable <sup>Zip</sup> 49<u>8</u>2 Country Country \$8.75 Additional 34979 5. Certificate of Status Desired USA US A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDWAMJ -- EDWARDS; KYM J-(P.O. Box Number is Not Acceptable) 3411 NORTH A1A N. HUTCHINSON ISLAND FL 34949 3498 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 CR2E034 (10/00) TITLE ☐ Delete TIT) E NAME EDWARDS, KYM J NAME STREET ADDRESS PROJE STREET ADDRESS <del>-3411-NORTH A1</del>A CITY-ST-ZIP CITY-ST-ZIP N. HUTCHINSON ISLAND FL 34949 TITLE Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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 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 addrass, with all other like empowered.