

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059255

1. Entity Name

HARBOR LIGHT TECHNOLOGIES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90034 048 ***158.75

Principal Place of Business

Mailing Address

4252 S.W. 78TH DRIVE
 DAVIE FL 33328

4252 S.W. 78TH DRIVE
 DAVIE FL 33328-3122

2. Principal Place of Business

4980 SW 52nd Street
 Suite, Apt. #, etc. Suite #118

3. Mailing Address

P.O. Box 290354
 Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

65-0939229

Applied For

Not Applicable

Zip

33314

Country

Broward

Zip

33329

Country

Broward

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

FILINGS, INC.
 3732 N.W. 16TH STREET
 FT. LAUDERDALE FL 33311-4132

Name

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

City

FL

Zip Code

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	D	<input type="checkbox"/> Delete
NAME	PRITCHETT, DANIEL	
STREET ADDRESS	4252 S.W. 78TH DRIVE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORGAN, EVERTON	
STREET ADDRESS	15831 N.W. 14TH ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 address, with all other like empowered.

SIGNATURE:

Daniel Pritchett Daniel Pritchett 4-24-00 (954) 474-7833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)