

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90313 027 ***150.00

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DOCUMENT # P99000102373

1. Entity Name
HARRISON COVE, INC.



Principal Place of Business
**1325 ATLANTIC AVENUE
FERNANDINA BEACH FL 32035**

Mailing Address
**POST OFFICE BOX 17833
JACKSONVILLE FL 32246**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fernandina Beach, FL 32035

4. FEI Number

59-3612534

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BRANT, MOORE, MACDONALD & WELLS, P.A.
50 NORTH LAURA STREET
SUITE 3100
JACKSONVILLE FL 32202**

Name
Harry R. Trevett

Street Address (P.O. Box Number is Not Acceptable)
1325 Atlantic Avenue

City
Fernandina Beach

FL

Zip Code
32034

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

Harry R. Trevett

4/25/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **TREVETT, HARRY R**
STREET ADDRESS **8144 SUMMITT RIDGE LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☒ Change ☐ Addition
NAME **Harry R. Trevett**
STREET ADDRESS **1325 Atlantic Avenue**
CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE **D** ☐ Delete
NAME **MOCK, WILLIAM J JR.**
STREET ADDRESS **1676 REGATTA DRIVE**
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE **Harry R. Trevett**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

(904) 261-2235

Daytime Phone #

CR2E034 (10/02)