

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2003 8:00 am**  
**Secretary of State**

05-28-2003 90117 016 \*\*\*150.00

**DOCUMENT #** P99000102794

1. Entity Name  
HARBOR SIDE DEVELOPMENT CORP.



Principal Place of Business  
22 LAKESIDE PLACE  
PALM COAST FL 32137

Mailing Address  
22 LAKESIDE PLACE  
PALM COAST FL 32137

2. Principal Place of Business  
401 Old Oak Dr South

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Palm Coast, FL

City & State  
Palm Coast, FL

Zip  
32137

Country



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
CHIUMENTO, MICHAEL D ESQ.  
4 OLD KINGS ROAD NORTH  
SUITE B  
PALM COAST FL 32137

4. FEI Number  
59-3610482

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
Peter Claus Roehr  
Street Address (P.O. Box Number is Not Acceptable)  
401 Old Oak Dr South  
City  
Palm Coast FL 32137

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 *[Signature]* DATE 4/30/2003

(NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D ING. CLAUD PETER ROEHR 22 LAKESIDE PLACE PALM COAST FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *[Signature]* DATE 4/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)