

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90011 013 ***150.00

0086401

DOCUMENT # P99000107664

1. Entity Name
HARBOR RENTALS, INC.

Principal Place of Business

4887 HWY. A-1-A
 STE # 6
 VERO BCH FL 32963

Mailing Address

4887 HWY. A-1-A
 STE # 6
 VERO BCH FL 32963

2. Principal Place of Business

5099 NORTH A1A
 Suite, Apt. #, etc.
 6

3. Mailing Address

SAM 2
 Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

FLORIDA

Zip

32963

Country

USA

Zip

Country

4. FEI Number 65-0979296

Applied For

Not Applicable

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

AMY, ELAINE M

5099 NORTH A1A STE # 6
 VERO BEACH FL 32963

Name

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

5099 NORTH A1A; SUITE # 6

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, 2001 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 ☐ Delete
 NAME AMY, ELAINE M
 STREET ADDRESS 4887 HWY. A-1-A
 CITY-ST-ZIP VERO BCH FL 32963

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
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 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 or all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)