

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90098 044 ***150.00

DOCUMENT # S62837

1. Entity Name
GRAND HARBOR ASSOCIATES, INC.



Principal Place of Business
**3755 7TH TERRACE
SUITE 301
VERO BEACH FL 32960
US**

Mailing Address
**3755 7TH TERRACE
SUITE 301
VERO BEACH FL 32960
US**

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State
Zip Country

City & State
Zip Country

4. FEI Number **91-1542401** Applied For
Not Applicable

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



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**HENN, PETER J PA
2095 GRAND HARBOR BLVD
VERO BEACH FL 32967**

7. Name and Address of New Registered Agent
Name
Henn, Peter J.
Street Address (P.O. Box Number is Not Acceptable)
3755 7th Terrace, Suite 301
City
Vero Beach, FL Zip Code
FL 32960

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 **PETER J. HENN** 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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOREVEDT, JAN P		NAME		
STREET ADDRESS	3755 7TH TERRACE, SUITE 301		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENN, PETER J		NAME		
STREET ADDRESS	3755 7TH TERRACE, SUITE 301		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTH, ANNABEL		NAME	North, Annabel	
STREET ADDRESS	3755 7TH TERRACE, SUITE 301		STREET ADDRESS	3755 7th Terrace, Suite 301	
CITY-ST-ZIP	VERO BEACH FL 32960		CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	TV	<input type="checkbox"/> Delete	TITLE	TV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLAIN, MARY		NAME	McLain, Mary	
STREET ADDRESS	3755 7TH TERRACE, SUITE 301		STREET ADDRESS	3755 7th Terrace, Suite 301	
CITY-ST-ZIP	VERO BEACH FL 32960		CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **PETER J. HENN** Date **7/2-7/8-2/80** Days/Phone #

0134035 AV

CR2E034 (10/02)