2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State DOCUMENT # S74961 1. Entity Name 04-10-2002 90438 041 ***150.00 HARBOR MANAGEMENT SERVICES, INC. Mailing Address Principal Place of Business P. O. BOX 322407 CLE 27501-SO DIXIE.HWY del HUUDGOID .p. 0. BOX 924176 del SUITE 207 HOMESTEAD FL 33032-2407 HOMESTEAD-FL 33033 HS 2. Principal Place of Business Mailing Address MOX 8801 SW 288 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. # 406 Çity & State City & State 4. FEI Number Applied For 65-0274217 Not Applicable Countr \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VAN HOOK, RAYMOND D. Street Address (P.O. Box Number is Not Acceptable) 27501 SO DIXIE HIGHWAY STE 207 **HOMESTEAD FL 33032** 8. The above pamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) Change ☐ Addition TITLE DTS ☐ Delete TITLE MTS van hook, Michelle L. NAME NAME 16385 SW 280 ST STREET ADDRESS STREET ADDRESS HOMESTEAD FL CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE VAN HOOK, RAYMOND D. NAME NAME STREET ADDRESS 16385 SW 280 ST STREET ADDRESS HOMESTEAD FL CITY-ST-ZIP CITY-ST-ZIP tome Stano ____Delete TITLE .Change . . Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

CHRECTOR