

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-30-2003 90104 008 ***150.00

DOCUMENT # 298358



1. Entity Name
HARRINGTON & COMPANY, INC.

Principal Place of Business
P. O. BOX 013901
899 S AMERICA WAY
MIAMI FL 33101

Mailing Address
P. O. BOX 013901
899 S AMERICA WAY
MIAMI FL 33101

20061117



2. Principal Place of Business
3800 MCINTOSH RD

3. Mailing Address
PO BOX 13129

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
FT LAUDERDALE, FL

City & State
FT LAUDERDALE FL

4. FEI Number **59-1107657**

Applied For
 Not Applicable

Zip **33316** Country **USA**

Zip **33316** Country **USA**

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:

STINSON, LOUIS JR
~~4675 PONCE DE LEON BLVD~~
~~SUITE 301~~
~~CORAL GABLES FL 33146~~

Name
Street Address (P.O. Box Number is Not Acceptable)
2199 PONCE DE LEON BLVD
SUITE 301
City **CORAL GABLES** FL Zip Code **33134**

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STINSON, LOUIS J 4675 PONCE DE LEON BLVD., #305 CORAL GABLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARRINGTON, N L PO BOX 13028 FORT LAUDERDALE FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRINGTON, STEPHEN C PO BOX 13028 FORT LAUDERDALE FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied in 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **954-761-3880**

CR2E034 (10/02)