

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90649 016 \*\*\*150.00

**DOCUMENT # P00000054281**  
 1. Entity Name  
**HABITAT RESTORATION RESOURCES, INC.**

Principal Place of Business      Mailing Address  
**224 NE 47TH ST.**      **224 NE 47TH ST.**  
**POMPANO BEACH FL 33064**      **POMPANO BEACH FL 33064**

2. Principal Place of Business      3. Mailing Address  
**1945 Coral Point Drive**      **1945 Coral Point Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Cape Coral, FL**      **Cape Coral, FL**  
 Zip      Country      Zip      Country  
**33990**      **LEE**      **33990**      **LEE**

4. FEI Number      Applied For  
**65-1037432**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**EGAN, LAUREL A**  
**224 NE 47TH ST.**  
**POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent  
 Name **Laurel A Egan (same)**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1945 Coral Point Drive**  
 City **Cape Coral**      **FL**      Zip Code **33990**

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 *Laurel A Egan*      **LAUREL A EGAN PRESIDENT**      **4/20/02**  
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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	EGAN, ROBERT J	224 NE 47TH ST.	POMPANO BEACH FL 33064	<input type="checkbox"/>
PD	EGAN, LAUREL A	224 NE 47TH ST.	POMPANO BEACH FL 33064	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1945 Coral Point Drive	Cape Coral, FL 33990	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1945 Coral Point Drive	Cape Coral FL 33990	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE: *Laurel A Egan*      **Laurel A Egan**      **4/20/02**      **941-574-8173**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)