

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90093 034 ***150.00

1447/P47 AV

DOCUMENT # P99000101293

1. Entity Name
HARING ENTERPRISES, INC.



Principal Place of Business
14750 BEACH BLVD.
UNIT 41
JACKSONVILLE FL 32250

Mailing Address
14750 BEACH BLVD.
UNIT 41
JACKSONVILLE FL 32250

2. Principal Place of Business

3. Mailing Address
901 ARNOLD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
KEWANSVILLE FL

Zip

Country

Zip
34739

Country
OSCEOLA

4. FEI Number
59-3610436

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

HARING, ELIZABETH
3545-2 ST JOHNS BLUFF RD
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
901 ARNOLD ROAD
City **KEWANSVILLE** **FL** **Zip Code** **34739**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HARING, ELIZABETH A**
STREET ADDRESS **14750 BEACH BLVD., UNIT 41**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☒ Change ☐ Addition
NAME **901 ARNOLD ROAD**
STREET ADDRESS **KEWANSVILLE FL 34739**
CITY-ST-ZIP

TITLE **SVPD** ☐ Delete
NAME **HARING, GARY**
STREET ADDRESS **14750 BEACH BLVD., UNIT 41**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE ☒ Change ☐ Addition
NAME **901 ARNOLD ROAD**
STREET ADDRESS **KEWANSVILLE FL 34739**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03 (407) 436-1464

Date Daytime Phone #

CR2E034 (10/02)