


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 003 06T 16 2P 52: 59

SECRET OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000002833  
1. Entity Name  
M. J. Harris, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business One Riverchase Ridge Suite, Apt. #, etc. Suite 300 City & State Birmingham, AL Zip 35244		3. Mailing Address One Riverchase Ridge Suite, Apt. #, etc. Suite 300 City & State Birmingham, AL Zip 35244	
Country Jefferson		Country Jefferson	

900023590099  
10/06/03--01073--007 \*\*150.00  
**REINSTATEMENT** 03  
DO NOT WRITE IN THIS SPACE  
4. FEI Number 63-1139530 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Rd  
City Plantation FL Zip Code 33324

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 \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	Michael J. Harris, President One Riverchase Ridge, Suite 300 Birmingham, AL 35244	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bobby J. Harris, Secretary/Treasurer One Riverchase Ridge, Suite 300 Birmingham, AL 35244	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Harris (205) 380-6800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/e Phone #

CR2E034B (12/02)

22/10/17