

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-07-2002 90328 001 ***300.00

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

33415



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1107657**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HARRINGTON, N L
899 S AMERICA WAY
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name **LOUIS STINSON, JR**
 Street Address (P.O. Box Number is Not Acceptable)
4675 PONCE DE LEON BLVD
Suite 305
 City **Coral Gables** **FL** Zip Code **33146**

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

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	S	<input type="checkbox"/> Delete
NAME	STINSON, LOUIS J	
STREET ADDRESS	4675 PONCE DE LEON BLVD., #305	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HARRINGTON, N L	
STREET ADDRESS	899 S AMERICA WAY	
CITY-ST-ZIP	MIAMI, FLORIDA 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARRINGTON, STEPHEN C	
STREET ADDRESS	899 S AMERICA WAY	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	PAGELLA, ANTHONY	
STREET ADDRESS	899 S. AMERICA WAY	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. BOX 13028	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. BOX 13028	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

4/26/02
 Date

(954) 761-3880
 Daytime Phone #

CR2E034 (9/01)