

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 178299**

1. Entity Name

HARPER MECHANICAL CORPORATION**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90974 044 ***150.00

0590107

Principal Place of Business
5401 BENCHMARK LN
SANFORD FL 32773
US

Mailing Address
P.O. BOX 1188
EB 4651
HOUSTON TX 77251-1188
US

C0059612

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
1400 Smith St.
Suite, Apt. #, etc.
600 JPR, Room #507B
City & State
Houston, TX
Zip
77002
Country
USA

4. FEI Number **59-0711627**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CRAIG MONTGOMERY
5401 BENCHMARK LANE
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTGOMERY, CRAIG 5401 BENCHMARK LANE SANFORD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SANTORO, ALFONSE J 1401 AVE E RIVIERA BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLECK, JAMES L 4 NORTHSORE CENTER PITTSBURG PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HRABIK, JOSEPH A 4 NORTHSORE CENTER PITTSBURGH PA 15212 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:
James L. Fleck, Treasurer

Date

Daytime Phone #

713-853-1712

CR2E034 (10/00)

Harper Mechanical Corporation

Status: Active
Internal No: 31W HMCO
Formation:
Florida

Federal ID #: 59-0711627

Primary Address:

5401 Benchmark Lane
Sanford, FL 32773

DIRECTORS:

Craig Montgomery
Alfonse J. Santoro

Title:

Director
Director

OFFICERS:

Craig Montgomery
Alfonse J. Santoro
Joseph A. Hrabik
James L. Fleck
Teresa _

Title:

Executive Vice President
Vice President
General Counsel and Secretary
Treasurer

Attachments

Doc # 1778229
C00596121