

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0697333 FP

DOCUMENT # 178299

1. Entity Name
~~HARPER MECHANICAL CORPORATION~~

~~Harper~~ Linc Home Services, Inc.



FILED

03 APR 16 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5401 BENCHMARK LN
SANFORD FL 32773
US

Mailing Address
C/P 1650 HWY 6
SUITE 100
SUGAR LAND TX 77478
US

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 59-0711627

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

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

Name

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

100016970921
04/24/03--01074--023 **150.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME VD
STREET ADDRESS MONTGOMERY, CRAIG
CITY-ST-ZIP 5401 BENCHMARK LANE
SANFORD FL

☒ Delete

TITLE
NAME AS
STREET ADDRESS BAUMGARDNER, VIRGINIA
CITY-ST-ZIP 4 NORTHSHORE CENTER
PITTSBURGH PA 15212

☒ Delete

TITLE
NAME T
STREET ADDRESS FLECK, JAMES L
CITY-ST-ZIP 5401 BENCHMARK LANE
SANFORD FL 32773

☒ Delete

TITLE
NAME S
STREET ADDRESS HRABIK, JOSEPH A
CITY-ST-ZIP 5401 BENCHMARK LANE
SANFORD FL 32773

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME D
STREET ADDRESS Whaley, David A.
CITY-ST-ZIP 400 Smith St.
Houston, TX 77002

☐ Change ☒ Addition

TITLE
NAME P
STREET ADDRESS Semple, Robert J.
CITY-ST-ZIP 400 Smith St.
Houston, TX 77002

☐ Change ☒ Addition

TITLE
NAME V
STREET ADDRESS Sharp, Victoria T.
CITY-ST-ZIP 1400 Smith St.
Houston, TX 77002

☐ Change ☒ Addition

TITLE
NAME S
STREET ADDRESS Cole, Kate B.
CITY-ST-ZIP 400 Smith St.
Houston, TX 77002

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory M. Apple

4/16/03

(281) 565-7905

Attorney in Fact

Date

Daytime Phone #

CR2E034 (10/02)