

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90205 027 ***150.00

DOCUMENT # 198734

1. Entity Name
HARRELL'S INC.



Principal Place of Business
720 KRAFT RD (33801)
P.O. BOX 807
LAKELAND FL 33802

Mailing Address
P.O. BOX 807
LAKELAND FL 33802
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 **59-0808648**

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

HARRELL, JACK R
720 KRAFT RD
LAKELAND FL 33801

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. 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	V	<input type="checkbox"/> Delete
NAME	HASKINS, RANDY	
STREET ADDRESS	6501 CRESCENT LAKE DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARRELL, JACK R, JR	
STREET ADDRESS	1645 HOLLINGSWORTH CREEK	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	C	<input type="checkbox"/> Delete
NAME	HARRELL, JACK R	
STREET ADDRESS	1746 HOLLINGSWORTH OAKS	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WILSON, STEVE	
STREET ADDRESS	1740 CLAREDON PL	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRELL, FRED	
STREET ADDRESS	1639 8TH AVE	
CITY-ST-ZIP	SAN FRANCISCO CA 94122	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRAWBRIDGE, THEODORE R	
STREET ADDRESS	219 S.E. 54TH COURT	
CITY-ST-ZIP	OCALA FL 34478	

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		
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	Susan H. Wilson	
STREET ADDRESS	1740 CLAREDON PL	
CITY-ST-ZIP	LAKELAND FL 33803	
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	MARY LU STRAWBRIDGE	
STREET ADDRESS	219 S.E. 54TH COURT	
CITY-ST-ZIP	OCALA FL 34478	

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

Date

Daytime Phone #

3/17/03 863-687-2774

CB2EN34 110/02