

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90172 026 ***150.00

DOCUMENT # 221695

1. Entity Name

HAR - VAL, INC.

Principal Place of Business

THOMAS V INFANTINO
609 118TH SOUTH
INVERNESS FL 34450
US

Mailing Address

PO BOX 2526
PO 2526
INVERNESS FL 34451
US

2. Principal Place of Business

609-US HWY 41 SOUTH

3. Mailing Address

P.O. Box 2526

City & State

INVERNESS

City & State

INVERNESS

Zip

34450

Country

USA

Zip

34451

Country

USA

4. FEI Number

59-6075463

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INFANTINO, THOMAS V JR
PO BOX 542
180 S KNOWLES
WINTER PARK FL 32789

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

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, 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

TITLE **PD** ☐ Delete
NAME **INFANTINO SR, THOMAS V**
STREET ADDRESS **PO BOX 2526 609 US 41 SOUTH**
CITY-ST-ZIP **INVERNESS FL 34451**

TITLE **D** ☐ Delete
NAME **INFANTINO JR, THOMAS V**
STREET ADDRESS **180 S KNOWLES STE 7**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **SVD** ☐ Delete
NAME **INFANTINO, FRANCES**
STREET ADDRESS **PO BOX 2526 609 US HWY 41 SOUTH**
CITY-ST-ZIP **INVERNESS FL 34451**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Thomas V Infantino Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS V. INFANTINO SR, PRES

Date

01/20/01

Daytime Phone #

352-74-9478

CR2E034 (10/00)