

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 297824

1. Entity Name  
P.F. HARRIS MFG. CO., INC.

Principal Place of Business  
2374 LAKESHORE BOULEVARD  
JACKSONVILLE FL 32210

Mailing Address  
2374 LAKESHORE BOULEVARD  
JACKSONVILLE FL 32210

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 59-1104670

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWENS, JOHN H  
2374 LAKESHORE BLVD  
JACKSONVILLE FL 32210

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
NAME OWENS, JOHN H  
STREET ADDRESS 2374 LAKESHORE BOULEVARD  
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

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

TITLE D  
NAME CARNEGHI, IRIS  
STREET ADDRESS 2374 LAKESHORE BOULEVARD  
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*John H. Owens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/00  
Date

904-389-5686  
Daytime Phone #

FILED  
Aug 10, 2000 8:00 am  
Secretary of State

08-10-2000 90009 032 \*\*\*150.00

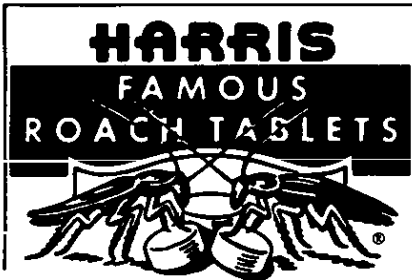
A0072339



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

Attachment Doc# : 297824  
A0072339



TRADE MARK REGISTERED  
U. S. PAT. OFF.

P. F. Harris Mfg. Co., Inc.

POST OFFICE BOX 7344  
JACKSONVILLE, FLORIDA 32238  
DUNS NUMBER 05 310 8437  
TELEPHONE 904-389-5686

ESTABLISHED 1922

August 8, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Gentlemen:

Enclosed please find our check for \$150.00 for the corporation fee.

We mailed the first notice on February 3, 2000 for \$150.00. As of this date the check is floating around somewhere. It must have been lost in transit from here to Tallahassee.

Thank you for your consideration.

Very truly yours,

*Maryann D. Harper*

Maryann D. Harper  
Secretary