

2002 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
FRANKLIN D. GOODMAN
Street Address (P.O. Box Number is Not Acceptable)
2374 LAKESHORE BLVD
City JACKSONVILLE FL Zip Code 32210

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.

NATURE *Franklin D. Goodman* FRANKLIN D. GOODMAN PRESIDENT January 7th, 2002
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, 2002 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 PD
NAME OWENS, JOHN H
STREET ADDRESS 2374 LAKESHORE BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32210 ☒ Delete

TITLE PD
NAME GOODMAN, FRANKLIN D.
STREET ADDRESS 2374 LAKESHORE BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32210 ☒ Change ☐ Addition

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

TITLE D
NAME LINDSEY, NANCY G.
STREET ADDRESS 2374 LAKESHORE BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32210 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Franklin D. Goodman* FRANKLIN D. GOODMAN PRESIDENT JANUARY 7, 2002 904-381-5686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90012 013 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)