

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 411277

1. Entity Name

HARLIS R. ELLINGTON CONSTRUCTION, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90164 019 ***158.75

Principal Place of Business

Mailing Address

P.O. BOX 257
LAKE BUTLER FL 32054

P.O. BOX 257
LAKE BUTLER FL 32054-0257

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 59-1423747

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

DAVISON, LARRY L.
HWY 100 WEST
LAKE BUTLER FL 32054

Name DAVID L. WORTHY ESQ.

Street Address (P.O. Box Number is Not Acceptable)
PETER A. ROBERTSON & ASSOCIATES, P.A.
5216 S.W. 91 Drive

City GAINESVILLE, FL Zip Code 32608

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, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	ELLINGTON, MARY ALICE	
STREET ADDRESS	SR 100 WEST	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	1V	<input type="checkbox"/> Delete
NAME	ELLINGTON, HARLIS R JR	
STREET ADDRESS	C 231 N. P.O. BOX 603 N/A	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	2V-	<input type="checkbox"/> Delete
NAME	DAVISON, LARRY L.	
STREET ADDRESS	C 231 N. RT. 3 BOX 13	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVISON, PAULETTE E.	
STREET ADDRESS	C 231 N. RT. 3 BOX 13	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ELLINGTON, MELANIE J.	
STREET ADDRESS	C 231 N. P.O. BOX 603 N/A	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President-Trucking	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellington, HARLIS R. JR.	
STREET ADDRESS	C 231 N. P.O. Box 603	
CITY-ST-ZIP	LAKE BUTLER, FL. 32054	
TITLE	President-Construction, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVISON, LARRY L.	
STREET ADDRESS	C231 N. RT. 3, BOX 13	
CITY-ST-ZIP	LAKE BUTLER, FL. 32054	
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		

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: Melanie J. Ellington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)