


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90150 020 \*\*\*150.00

**DOCUMENT # 523580**

1. Entity Name  
**FRED A. HARRISON, JR., P.A.**



Principal Place of Business  
**PO BOX 291975  
FT. LAUDERDALE FL 33329-1975  
US**

Mailing Address  
**PO BOX 291975  
FT. LAUDERDALE FL 33329-1975  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1712682**  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRISON, FRED A. JR.  
2810 SW 87TH AVENUE UNIT 901  
DAVIE FL 33328**

7. Name and Address of New Registered Agent

Name -  
Street Address (P.O. Box Number is Not Acceptable)  
**20326 NE 34TH COURT - DEL VISTA**  
City **AVENTURA** FL Zip Code **33180-3309**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD HARRISON, FRED JR. 2810 SW 87 AVENUE UNIT 901 FORT LAUDERDALE FL 33328</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>20326 NE 34TH COURT - DEL VISTA AVENTURA, FL 33180-3309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 

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 reports 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: **FRED A. HARRISON, JR. PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/2003 305-937-2237**  
Date Daytime Phone #

CR2E034 (10/02)