

DOCUMENT # 647741

1. Entity Name

HARZ CORPORATION

FILED
Apr 28, 2000 8:00 am
Secretary of State

02-02-2000 90124 038 ***150.00

Principal Place of Business Mailing Address
 4005 N. 56TH STREET 4005 N. 56TH STREET
 SUITE B SUITE B
 TAMPA FL 33610 TAMPA FL 33610-7133

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 59-1957839

Applied For
Not Applicable5. 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

HARZ, ROBERT
 12602 MCINTOSH RD.
 THONOTOSASSA FL 33592

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, 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 PD ☐ Delete
 NAME HARZ, ROBERT G
 STREET ADDRESS 12602 MCINTOSH RD.
 CITY-ST-ZIP THONOTOSASSA FL

TITLE PD ☒ Change ☐ Addition
 NAME ROBERT G. HARZ
 STREET ADDRESS 5025 JUSTIN LANE
 CITY-ST-ZIP Plant City FL 33565

TITLE V ☐ Delete
 NAME MEDLIN, JEFFERY A
 STREET ADDRESS 5322 BELTRAM DR
 CITY-ST-ZIP ZEPHERHILLS FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Robert G. Harz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-00

8136210802

CR2E034 (9/99)