

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90033 011 ***150.00

05/4873 AT

DOCUMENT # 853557

1. Entity Name

HARRIS STRUCTURAL STEEL CO., INC.

Principal Place of Business

**1640 NEW MARKET AVE.
 SO. PLAINFIELD NJ 07080**

Mailing Address

**2 LAKEVIEW AVE
 PISCATAWAY NJ 08854
 US**

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

13-5573394

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

**HARRIS, THOMAS JR.
 124 QUAYSIDE DR
 UNIT 512
 JUPITER FL 33477**

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, 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	V	<input type="checkbox"/> Delete
NAME	MCCALLUM, RICHARD	
STREET ADDRESS	216 ROSCOMMON CT	
CITY-ST-ZIP	BRISTOL TN 37620	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARRIS, THOMAS, JR	
STREET ADDRESS	2 LAKEVIEW AVE	
CITY-ST-ZIP	PISCATAWAY NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, GARDNER	
STREET ADDRESS	11791 LOARA ST	
CITY-ST-ZIP	GARDEN GROVE CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	STRAUSS, MARVIN	
STREET ADDRESS	6 MOUNTAIN LN	
CITY-ST-ZIP	HOLMDEL NJ	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRIS, MURIEL	
STREET ADDRESS	301 PLAINFIELD RD	
CITY-ST-ZIP	EDISON NJ	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)