

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90118 035 \*\*\*150.00

**DOCUMENT # F00000001958**

**1. Entity Name**  
**HARRIS VENTURES LIMITED CORPORATION**



**Principal Place of Business**  
**PHILIP HARRIS HOUSE. 1A SPUR ROAD**  
**ORPINGTON. KENT BR6 0PH**  
**ENGLAND**  
**OC**

**Mailing Address**  
**PHILIP HARRIS HOUSE. 1A SPUR ROAD**  
**ORPINGTON. KENT BR6 0PH**  
**ENGLAND**  
**OC**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**LOVE, EILEEN**  
**600 TARPON WAY**  
**PALM BEACH FL 33480**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **C** ☐ Delete  
**NAME** **LORD PHILIP CHARLES HARRIS OF PECKHAM**  
**STREET ADDRESS** **118 EATON SQUARE**  
**CITY-ST-ZIP** **LONDON SW1W 9AA ENGLAND**

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

**TITLE** **V** ☐ Delete  
**NAME** **LADY PAULINE NORMA HARRIS OF PECKHAM**  
**STREET ADDRESS** **118 EATON SQUARE**  
**CITY-ST-ZIP** **LONDON SW1W 9AA ENGLAND**

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

**TITLE** **D** ☐ Delete  
**NAME** **BULL, ANTHONY RICHARD**  
**STREET ADDRESS** **CAVENDISH SALISBURY ROAD HORSHAM**  
**CITY-ST-ZIP** **SUSSEX RH12 7AJ ENGLAND**

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

**TITLE** **MR** ☐ Delete  
**NAME** **SAUNDERS, PHILIP JOHN**  
**STREET ADDRESS** **90 RAVENSBORNE AVE.**  
**CITY-ST-ZIP** **BROMLEY, KENT BR20AX EN**

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

**TITLE** **MR** ☐ Delete  
**NAME** **JACOBS, PAUL**  
**STREET ADDRESS** **TRANSVAAL COTTAGE, NEWBARN RD.**  
**CITY-ST-ZIP** **SWANLEY, KENT BR87PW EN**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
**J. SAUNDERS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7 JAN. 2003**

Date

**01689**  
**886886**

Daytime Phone #

CR2E034 (10/02)