

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003220

1. Entity Name  
HARRIS TRANSPORT COMPANY

Principal Place of Business  
1166 CURTIS STREET  
MONROE NC 28112

Mailing Address  
PO BOX 529  
MONROE NC 28111

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 54-1385587 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MOSS, MARVIN  
20801 BISCAYNE BLVD., STE 506  
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE NAME ☐ Delete  
P PETRILL JR, I J  
STREET ADDRESS 1923 MCORIE RD.  
CITY-ST-ZIP MONROE NC

TITLE NAME ☐ Delete  
V WHISNANT, C. REGINALD  
STREET ADDRESS 2203 WAVERLY DR.  
CITY-ST-ZIP MONROE NC

TITLE NAME ☐ Delete  
ST DAVIS, ROBERT D  
STREET ADDRESS 2104 BURNT BRIDGE RD.  
CITY-ST-ZIP LYNCHBURG VA

TITLE NAME ☐ Delete  
CD HARRIS JR, JAMES R  
STREET ADDRESS 4412 GLADWOOD PL  
CITY-ST-ZIP LYNCHBURG VA

TITLE NAME ☐ Delete  
VD HARRIS, J. WAYNE  
STREET ADDRESS 200 COLONIAL COURT  
CITY-ST-ZIP LYNCHBURG VA

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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 D. Davis* 9/12/01 804-528-6703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90015 005 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

0138268 AT

CR2E034 (5/01)