2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F74288**

1. Entity Name

JOHN C. HARRIS PAINTING, INC.

Principal Place of Business % JOHN C. HARRIS 3400 MORRIS ST. ST. PETERSBURG FL 33713			Mailing Address % JOHN C. HARRIS 3400 MORRIS ST. ST. PETERSBURG FL 33713					
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State			City & State		4	59-2583191		ed For pplicable
Zip	/: -	Country	ZIp	Country			\$8.75 Addition	onal
	6. Name	and Address of Current F	Registered Agent		7	. Name and Address of New Registered	gent	
14000 1	01111 0			Name		} ••		
HARRIS, JO 6047 72ND		.5	•	Street A	ddress (P.O	. Box Number is Not Acceptable)	Transfer of the	· .
SAINT PET	= :	FL 33709		<u> </u>			···	
				City		FL	Zip Code	
	named entitions of regist		the purpose of changing its re	egistered office or	registered	agent, or both, in the State of Florida. I am f	amiliar with, and	d accept
SIGNATURE -	Signature, typed	or printed name of registered agent as	nd title if applicable. (NOTE:	Registered Agent signatu	re required whe	en reinstating) DATE		
After	May 1, 200	PEE IS \$150.00 DIS Fee will be \$550.00 DEFIDING DEPARTMENT OF	State			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 Added to	May Be Fees
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN	V 11
NAME : ; STREET ADDRESS	PD HARRIS, J 806 CORD LARGO FL	ova greens	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Addition
TITLE NAME STREET ADDRESS	VD HARRIS, P	atricia a Ova greens	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change [Addition
TITLE . NAME STREET ADDRESS	V Barrett (6047 72ND	JR., JEROME E	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		Change [Addition
TITLE NAME STREET ADDRESS	<u> </u>		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change . [Addition

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

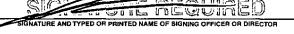
TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP



Delete

☐ Delete

1/7/03 227

FILED

Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90098 009 ***150.00

727-522-6356 Daytime Phone #

☐ Change

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Addition

Addition

(10/02)