

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90048 028 ***150.00

0831306

DOCUMENT # F95000001576

1. Entity Name

HARPER CONSTRUCTION, INC.

Principal Place of Business

**107-B SOUTHSIDE SQUARE
SHELBYVILLE IN 37160**

Mailing Address

**PO BOX 708
SHELBYVILLE TN 37162
US****LUU1U064**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

61-0712651

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

**C T CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2001 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 **VP** ☐ Delete
NAME **FULKS, JOE JR**
STREET ADDRESS **320 BRENTWOOD OAKS DR**
CITY-ST-ZIP **NASHVILLE TN 37211**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **REED, BENNY**
STREET ADDRESS **1437 GEORGETOWN LANE**
CITY-ST-ZIP **MURFREESBORO TN**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **YOUNGBLOOD, PEGGY**
STREET ADDRESS **1018 UNION STREET**
CITY-ST-ZIP **SHELBYVILLE TN**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SHUEMAKER, MARGEE**
STREET ADDRESS **133 KRISTEN COVE STREET**
CITY-ST-ZIP **PADUCAH KY**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPO** ☐ Delete
NAME **SIENER, JAMES**
STREET ADDRESS **12 BLACK RIVER RD**
CITY-ST-ZIP **PADUCAH KY 42044**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TVP** ☐ Delete
NAME **HARPER, BILLY**
STREET ADDRESS **616 NORTHVIEW**
CITY-ST-ZIP **PADUCAH KY 42001**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:

, V. Pres.

1/18/01

931-684-4563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)