

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90328 042 \*\*\*150.00

**DOCUMENT # F95000001576**

1. Entity Name

**HARPER CONSTRUCTION, INC.**



Principal Place of Business  
**107-B SOUTHSIDE SQUARE  
SHELBYVILLE TN 37160**

Mailing Address  
**PO BOX 708  
SHELBYVILLE TN 37162  
US**

**60011209**



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

**61-0712651**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. 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 **VP** ☒ Delete  
NAME **FULKS, JOE JR**  
STREET ADDRESS **320 BRENTWOOD OAKS DR**  
CITY-ST-ZIP **NASHVILLE TN 37211**

TITLE **President** ☐ Change ☒ Addition  
NAME **James C. Sullivan, Jr.**  
STREET ADDRESS **793 Rack Court**  
CITY-ST-ZIP **Murfreesboro, TN 37129**

TITLE **V** ☐ Delete  
NAME **REED, BENNY**  
STREET ADDRESS **1437 GEORGETOWN LANE**  
CITY-ST-ZIP **MURFREESBORO TN**

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

TITLE **S** ☐ Delete  
NAME **YOUNGBLOOD, PEGGY**  
STREET ADDRESS **1018 UNION STREET**  
CITY-ST-ZIP **SHELBYVILLE TN**

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

TITLE **D** ☐ Delete  
NAME **SHUEMAKER, MARGEE**  
STREET ADDRESS **133 KRISTEN COVE STREET**  
CITY-ST-ZIP **PADUCAH KY**

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

TITLE **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-ZIP

TITLE **TVP** ☐ Delete  
NAME **HARPER, BILLY**  
STREET ADDRESS **616 NORTHVIEW**  
CITY-ST-ZIP **PADUCAH KY 42001**

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:** James C. Sullivan, Jr., President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03

931-684-4563

Date

Daytime Phone #

CR2E034 (10/02)