

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003039

1. Entity Name

HARRISON IMPORT & EXPORT, INC.

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90102 014 \*\*\*550.00

Principal Place of Business

121 COMMERCE ROAD  
BOYNTON BEACH FL 33426

Mailing Address

P.O. BOX 3197  
BOYNTON BEACH FL 33424-3197

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1706734

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

HARRISON, RENEE A  
121 COMMERCE ROAD  
BOYNTON BEACH FL 33426

Name

HARRISON, DANIEL P.

Street Address (P.O. Box Number is Not Acceptable)

121 Commerce Road

BOYNTON BEACH, FL 33426

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.

DANIEL P. HARRISON, DVS

(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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
HARRISON, RENEE  
6911 FAIRWAY LAKES DRIVE  
BOYNTON BEACH FL 33437

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
HARRISON, DANIEL P  
6911 FAIRWAY LAKES DRIVE  
BOYNTON BEACH FL 33437

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
FEINBERG, MEICHELLE  
1437 LAMPLIGHTER LANE  
GWYNEDD PA 19436

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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)