

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90415 016 ***150.00

DOCUMENT # H30934

1. Entity Name
HARP CO., INC.

Principal Place of Business
3251 S.W. 13TH DR
DEERFIELD BEACH FL 33442
US

Mailing Address
3251 S.W. 13TH DR
DEERFIELD BEACH FL 33442
US



DO NOT WRITE IN THIS SPACE

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

59-2471229

Applied For

Not Applicable

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

ANTONACCI, PETER
3251 S.W. 13TH DR
SPORTING LOOK
DEERFIELD BEACH FL 33442

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

4/29/02

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirements and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	P	POLLOCK, HARRIS	3251 S.W. 13TH DR DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete	
	ST	ANTONACCI, PETER	3251 S.W. 13TH DR DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
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				<input type="checkbox"/> Delete	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained 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 trustee or partner or partner-like person who executed this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 of this report or an attachment with an address that is similar like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

954 570 5385