

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**  
 02-18-2002 90135 031 \*\*\*158.75

**DOCUMENT # H33452**

**1. Entity Name**  
**HARRISS POOLS INC.**

**Principal Place of Business**  
 174A SEMORAN COMMERCE PL  
 APOPKA FL 32703

**Mailing Address**  
 174A SEMORAN COMMERCE PL  
 APOPKA FL 32703

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

**Harriss Pools, Inc**  
**175A Semoran Commerce Pl**  
**Apopka, FL 32703**

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **59-2461183**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HARRISS, ROBERT JR.**  
**2714 WEKIVA MEADOWS CT**  
**APOPKA FL 32712**

**7. Name and Address of New Registered Agent**

Name **Robert V Harriss Jr**  
 Street Address (P.O. Box Number is Not Acceptable) **175A Semoran Commerce Pl**  
 City **Apopka** **FL** Zip Code **32703**

**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 fee 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, 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**

TITLE **PVD** ☐ Delete  
 NAME **HARRISS, ROBERT**  
 STREET ADDRESS **2714 WEKIVA MEADOWS CT**  
 CITY-ST-ZIP **APOPKA FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
 NAME **Robert V Harriss Jr**  
 STREET ADDRESS **175A Semoran Commerce Pl**  
 CITY-ST-ZIP **Apopka FL 32703**

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

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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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)