FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # J82420** 1. Entity Name HARRIS PLUMBING, INC. 02-01-2001 90115 015 ***158.75 Principal Place of Business Mailing Address 5431 NW 15TH ST 5431 NW 15TH ST BAY #1 BAY #1 MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2844445 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, RANDY D Street Address (P.O. Box Number is Not Acceptable) 10235 LAKEINA RD **DELRAY BEACH FL 33446** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Delete Change TITLE HARRIS, RANDY D NAME STREET ADDRESS 10235 LAREINA RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BCH FL 33446** ☐ Change ☐ Delete TITLE ☐ Addition TITLE **DEVERTEUIL, JOSEPH** NAME NAME STREET ADDRESS STREET ADDRESS 6643 BAYFRONT DR CITY-ST-ZIP CITY-ST-ZIP MARGATE FL ☐ Change Addition ☐ Delete TITI F TITLE HARRIS, LEEANN-NAME NAME STREET ADDRESS 10235 LAREINA RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BCH FL 33446** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

changed, or on an attachment with an address, with all other like empowered

1/15/01

13. It 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

954-978-6745

Daytime Phone #