

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J91514

1. Entity Name

JEFFREY C. HARRINGTON CUSTOM BUILDERS, INC.

f

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90030 017 \*\*\*150.00

Principal Place of Business

% JEFFREY C. HARRINGTON  
4 BYRSONIMA CIRCLE SMW  
HOMOSASSA FL 34446

Mailing Address

% JEFFREY C. HARRINGTON  
4 BYRSONIMA CIRCLE SMW  
HOMOSASSA FL 34446

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 **59-2854501**

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

HARRINGTON, JEFFREY C.  
4 BYRSONIMA CIRCLE SMW  
HOMOSASSA FL 34446

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

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 **D** ☐ Delete  
NAME **HARRINGTON, JEFFREY C.**  
STREET ADDRESS **4 BYRSONIMA CIR SMW**  
CITY-ST-ZIP **HOMOSASSA FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

*Jeffrey C. Harrington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/17/2000** **(382) 392-3562**

CR2E034 (5/00)

Attachment J91514  
B0104112

Jeffrey C. Harrington  
**Custom Builders, Inc**  
4 Byrsonima Circle  
Sugarmill Woods, Homosassa, FL 34446

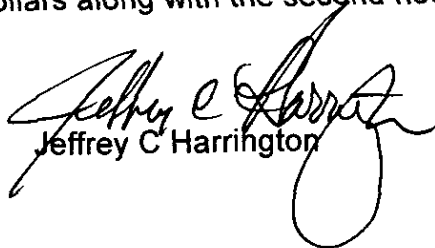
Telephone 352 382 3562  
Fax: 352.382.4018  
Lic: CRC021169

Florida Department of State  
Division of Corporations

Re Business Report

I did not receive the first report form, after calling your office I was told to write a letter stating that and too send a check for 150.00 dollars along with the second notice .

Thank You

  
Jeffrey C Harrington