FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90745 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K90395

90123298

1. Entity Name
ROBERT F. HARRIS, INC.

Principal Place of Business	Mailing Address
% ROBERT F. HARRIS INC. 207 OAKAPPLE TRAIL LAKE HELEN, FL 32744	% ROBERT F. HARRIS INC. 207 OAKAPPLE TRAIL LAKE HELEN, FL 32744

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2949691 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, ROBERT F.
~~207 OAKAPPLE TRAIL~~ 275 GUISE RD
~~LAKE HELEN, FL 32744~~ Osteen FL 32764

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HARRIS, ROBERT F. ~~207 OAKAPPLE TRAIL~~ ~~LAKE HELEN, FL~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 275 GUISE RD OSTEEN FL 32764
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HARRIS, JUDY D. ~~207 OAKAPPLE TRAIL~~ ~~LAKE HELEN, FL~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 275 GUISE RD OSTEEN FL 32764
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 4/28/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #