2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address P.O. BOX 250

SAN MATEO FL 32187

K98932 **DOCUMENT #**

1. Entity Name

Principal Place of Business

377 EAST END ROAD SAN MATEO FL 32187

HARRÍS SPREADER SERVICE, INC.



FILED Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90045 022 ***150.00



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| Zip Country Zip Country S. Certification of Status Desired S9-2957388 Applied Form Nort Approach E. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address New | Suite, Apt. #, etc. | | | | • | CHECK HERE IF MAKING CHANGES | | | |
| Se. Name and Address of Current Registered Agent FICKENS, JOE H. 222 N 3RD ST PALATKA R. 32177 City City FL City FL City FL Zip Code 8. The above named only submits the statement for the purpose of changing its registered agent. City FL Zip Code 8. The above named only submits the statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Becaution, yadd or simple care of against agent and lite if explainable. FILE NOW!!! FE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INIT. ARRIS, MICHAEL SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS GIT-ST-2P TILE MAKE SIRRET ADDRESS GIT | City & State | | City & State | | 4. | FEI Number 59-2957388 | | | |
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| Street Address (PO Box Number is Not Acceptable) | PICKENS, JOE | ∃ H | | Name | ivame | | | | |
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| 8. The above named entity submits this statement for the purpose of changing its registered alignet, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE | | | | | | | | | |
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| SIGNATURE Strict Now!!! FEE IS \$150.00 Added to Fees | 8. The above nam | ned entity submits this statement for | the purpose of changing its | s registered office or r | egistered ag | | | | |
| Streamen, product or processor agent and title if applicables (NOTE: Registered Agent algranuse required when repressancy) DATE | | or registered agent. | | | | | , | | |
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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: Michael