

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90159 041 ****50.00

DOCUMENT # L01000019801

1. Entity Name

HARMENING & ASSOCIATES, PLLC

Principal Place of Business

**1056 CHATHAM PINES CIRCLE
APT. 310
WINTER SPRINGS FL 32708**

Mailing Address

**1056 CHATHAM PINES CIRCLE
APT. 310
WINTER SPRINGS FL 32708**

2. Principal Place of Business

2265 Lee Road

Suite, Apt. #, etc.

117

City & State

Winter Park, FL

Zip

32789

Country

3. Mailing Address

2265 Lee Road

Suite, Apt. #, etc.

117

City & State

Winter Park, FL

Zip

32789

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3744457

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARMENING, JOSHUA W
1056 CHATHAM PINES CIRCLE
APT. 310
WINTER SPRINGS FL 32708**

Address Change

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2265 Lee Road, Suite 117

City

Winter Park

FL

Zip Code

32789

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

Josh Harmening
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/02
DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **HARMENING, JOSHUA W**
STREET ADDRESS **1056 CHATHAM PINES CIRCLE APT. 310**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Josh Harmening

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/5/02
Date

(407) 628-0648
Daytime Phone #

0027430

CR2E083 (9/01)